

FORMAT OF APPEAL		
1	TREASURY ID	
2	FULL NAME	
3	DESIGNATION	
4	U DISE	
5	SCHOOL NAME	
6	MANDAL	
7	PARENT MANAGEMENT	
8	DATE OF BIRTH	
9	DATE OF APPOINTMENT IN SGT/ EQUIVALENT CADRE	
10	TYPE OF APPOINTMENT (REGULAR/UNTRAINED/SPL.VV/39 8/- /AIDED)	
11	DATE OF APPOINTMENT IN REGULAR POST OF SGT EQUILAVANT CADRE	
12	DATE OF SERVICE REGULARISATION IN THE SGT/ EQUIVALENT CADRE	
13	IF TRANSFERRED FROM OTHER DIST, DATE OF JOINING IN THIS DIST.	
14	TYPE OF TRANSFER (INTERDISTRICT / 610)	
15	YEAR OF DSC	
16	MARKS/ RANK	
17	DATE FROM WHICH SENIORITY IS TO BE COUNTED	
18	COMMUNITY SC/ST	
19	WHETHER THE INDIVIDUAL AGENCY LOCAL ST(50 YRS AGENCY) / PLAIN ST	
20	PHC CATEGORY (VH/HI/OH)	
21	% OF DEFORMITY	
22	SUBJECTS IN GRADUATION	
23	SUBJECT IN POST GRADUATION	
24	METHODOLOGIES IN B.ED	
25	ELIGIBLE FOR PROMOTION AS	

	PS HM	
	MATHS	
	PHYSICS	
	BIOLOGY	
	SOCIAL	
	ENGLISH	
26	Appeal in brief	

Counter signed by MEO/ GzHM

Signature of the applicant