PERSONAL DETAILS

Surname	Name
Father's Name	Date of Birth
Aadhar Number	Pan Card
Mobile Number	E-mail id
Gender º Male º Female	Marital Status (Married/Unmarried)
Present Working District	Present Working Mandal
Present Working Village	Present Working School
Date of Joining in the Present School	Designation

Postal Address

H.No	Village
Mandal	District
Pin Code	

Present Address is same as Permanent o Yes o No

Additional Details

Religion (Drop down)	Mother Tongue (Drop Down
Community (Drop down)	Local / Non-Local (Drop Down)
Disability (YES/ NO)	Local District (District drop down)
Type of Disability	Percentage of Disability

SPOUSE DETAILS

Name of the Spouse If spouse is Government Employee (YES/NO)

If yes (Teacher / Other Government Employee)

If Teacher (All details to pop-up automatically from data base)

Treasury id	Date of Birth
Designation	Mobile Number
Name of the District	Name of Mandal
Name of the Village	Name of the School

If not Teacher (Other Government Employee)

Aadhar Number	Date of Birth
Mobile Number	Designation
Name of the Department	Name of the Office
Name of the District	Name of Mandal
Name of the Village/town	Employee ID

EDUCATIONAL QUALIFICATIONS

1.Details of SSC or Equivalent Examination Passed

Name of Certificate (SSC/SSLC/CBSE/Others)	Medium
First Language	Month &Year of Passing
Name of Board	Maximum Marks (No drop down)
Marks Secured (Including Language)	Hall Ticket Number
Certificate Number	

2.Details of Intermediate or Equivalent Examination Passed

Name of Certificate (BIE/CBSE/APOSS/Others)	Medium
First Language	Month &Year of Passing
Name of Board	Maximum Marks (No drop down)
Marks Secured (Including Language)	Hall Ticket Number
Certificate Number	

3.Details of Degree or Equivalent Examination Passed (Maximum of 4 Degrees is accepted)

Name of Degree	Medium
First Language	Second Language
Optional (1)	Optional (2)
Optional (3)	Optional (4)
Month &Year of Passing	Name of the University
Certificate Number	Maximum Marks (No drop down)
Marks Secured (Including Language)	Hall Ticket Number

4.Details of Post Graduation or Equivalent Examination Passed (Maximum of 2 PGs is accepted)

Name of PG Degree	Medium
Optional (1)	Month &Year of Passing
Certificate Number	Name of the University
Maximum Marks (No drop down)	Marks Secured (Including Language)
Hall Ticket Number	

Professional Qualifications

1.Details of B.Ed/B.P.ED or Similar Examination Passed (Maximum of 2 PGs is accepted)

Professional Graduation (B.Ed/B.P. Ed/DED/ TTC/LPT/HPT/Others	Hall Ticket Number
Methodology Subject 1	Methodology Subject 2
Methodology 3	Month &Year of Passing
Name of the University	Maximum Marks (No drop down)
Marks Secured (Including Language)	

2.Details of M.Ed/M.P.ED or Similar Examination Passed

Professional Graduation (M.Ed/M.P. Ed/Others)	Hall Ticket Number
Month &Year of Passing	Name of the University
Maximum Marks (No drop down)	Marks Secured (Including Language)

DETAILS OF FIRST APPOINTMENT

DSC Selected Year	Selected rooster point
Date of first appointment	Category of the post (drop down)
Appointing authority	District
Mandal	Village
In which Management (Drop down)	Category of the post (drop down)
Name of the service	

PROMOTIONS

Did you get Promoted (YES/NO)   No. of Promotions (as many as affected)

District	Mandal	School	Medium	Subject	Category of the Post	Date of Promotion	Date of Joining in Promoted

DETAILS OF DEPARTMENTAL TESTS PASSED

Have you passed any Departmental Test (YES/NO)   IF yes the following screen will be displayed

No. of Test (as many as you have passed)

S.No	Name of the Examination Passed	Regd.No	Gazette No	Passed Year

TRANSFER DETAILS

If Inter District/ 610 Transfer is applicable (Yes/No)

Teachers affected by (Inter-district/610)	From District
From Mandal	Category of the Post
Date of Joining in Present District	Medium
On transfer Allotted Mandal	Subject
On transfer Allotted School	

No.of Transfers (as many affected) (Date of First Appointment to Present)

District	Mandal	School	Medium	Subject	Category of the Post	From Date	To Date

HEALTH CARD DETAILS

Health Card No.*   No.of Dependents*

S. No.	Relationship (drop down)	Health Card Number	Aadhar Number	Date of Birth
1. 2. 3 4. 5				

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