

**CHECK LIST FOR PROMOTION TO THE POST OF SA / LFLHM
VERIFICATION TO BE HELD AT O/o DEO SANGAREDDY ON 27.01.2023**

1	Name of the District	SANGAREDDY
2	Employee ID	
3	Name of the Employee	
4	Name of the School	
5	Mandal	
6	Present Designation	
7	Medium	
8	Initial Appointed Management (DB/GOVT)	
9	School ID Code	
10	Caste (OC/BC/SC/ST)	
11	Gender (M/F)	
12	Educational qualifications	Academic
13		Professional
14	Date Of Birth (DD-MM-YYYY)	
15	Date of First Appointment (DD-MM-YYYY)	
16	If Appointed as Spl.Teach, Mention the Date Of Regular Scale Awarded (DD-MM-YYYY)	
17	If appointed as special V.V date of acquiring minimum qualification	
18	Year Of DSC	
19	DSC List (I, II, III)	
20	Dsc Rank	

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21	Type of InterDistrict Transfer (administrative / request)	
22	Inter District Transfer Date (DD-MM-YYYY)	
23	If appointed in aided, Date of Absorption From Aided Post (DD-MM-YYYY)	
24	DIES-Non period if any	
25	Date of seniority to be counted in present cadre (DD-MM-YYYY)	
26	PHC (YES/NO)	
27	If PHC Yes, Type of PHC (OH/VH/HI/MR/ Multiple Disability)	
28	In case of Multiple Disability, Specify the Disabilitys	
29	% of PHC	
30	Whether charges are pending (Yes/No)	
31	Whether any punishment is inforce (Yes / No)	
32	Whether Eligible for Promotion (Yes / No)	
33	Mobile No.	
34	Whether Relinquished for Promotion in previous counsellings?	1st time : (Yes/No), If Yes specify Year :
		2nd time : (Yes/No), If Yes specify Year :
35	Signature of the Teacher	
36	Signature of the Verifying Officer	