

Final Submit

Employee Details

All fields Mandatory



Name : V.HARI RAJA SHEKHAR

Treasury Id :

Please Confirm Your Photo Confirm Not Confirm

Surname	Name	Date of Birth
<input type="text"/>	<input type="text" value="V.HARI RAJA SHEKHAR"/>	<input type="text" value="20/06/1986"/>
District	Mandal	Revenue Village
<input type="text" value="WEST GODAVARI"/>	<input type="text" value="NIDAMARRU"/>	<input type="text" value="THOKALAPALLE"/>
Present Working School	Present School Joining Date	Designation
<input type="text" value="28152500101-MPPS (NO.1), THOKALAPALLI"/>	<input type="text"/>	<input type="text" value="Secondary Grade Teacher/TGT"/>
Father's Name	Aadhar Number	Mobile Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Marital Status	E-mail	Pan Card
<input type="text" value="--Select--"/>	<input type="text" value="V.HARIRAJASHEKHAR@APSCHOOLEDU.IN"/>	<input type="text"/>
Gender		
<input checked="" type="radio"/> Male <input type="radio"/> Female		

Address Details

Present Residential Address

H.no / Street Name	District	Mandal
<input type="text"/>	<input type="text" value="--Select--"/>	<input type="text" value="--Select--"/>
Revenue Village	Pin Code	If Present Residential Address Is Same as Permanent Residential Address
<input type="text" value="--Select--"/>	<input type="text"/>	<input checked="" type="radio"/> YES <input type="radio"/> NO

Additional Details

Mother Tongue	Religion	Community
<input type="text" value="--Select--"/>	<input type="text" value="--Select--"/>	<input type="text"/>
Locality	Native District	
<input type="text" value="--Select--"/>	<input type="text" value="--Select--"/>	
Disability		
<input type="text" value="NO"/>		

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Educational Qualifications

V.HARI RAJA SHEKHAR,

Details of SSC or Equivalent Examination Passed

Name of the Board <input type="text" value="--Select--"/>	Medium <input type="text" value="--Select--"/>	First Language <input type="text" value="--Select--"/>
Passed Month / Year <input type="text" value="--Select--"/> <input type="text" value="--Select--"/>	Marks Secured(Including Languages) <input type="text"/>	Maximum Marks <input type="text"/>
Hall Ticket No. <input type="text"/>	Certificate Number <input type="text"/>	

Details of Intermediate or Equivalent Examination Passed

Name of the Board <input type="text" value="--Select--"/>	Medium <input type="text" value="--Select--"/>	First Language <input type="text" value="--Select--"/>
Passed Month / Year <input type="text" value="--Select--"/> <input type="text" value="--Select--"/>	Marks Secured <input type="text"/>	Maximum Marks <input type="text"/>
Hall Ticket No. <input type="text"/>	Certificate Number <input type="text"/>	

Details of Degree or Equivalent Examinations Passed

All fields Mandatory

Name of the Degree	Medium	Second Language	Optional (1)	Optional (2)	Optional (3)	Optional (4)	Passed Month / Year		Name of the University	Marks Secured	Maximum Marks	Hall Ticket Number
<input type="text" value="--Select--"/>	<input type="text" value="--Selk--"/>	<input type="text" value="--Selec--"/>	<input type="text" value="Select"/>	<input type="text" value="Select"/>	<input type="text" value="Select"/>	<input type="text" value="Select"/>	<input type="text" value="--Selk--"/> <input type="text" value="--Selk--"/>	<input type="text" value="--Select--"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

Add Degree

Delete Degree

Details of Post Graduate Degree or Equivalent Examinations Passed

All fields Mandatory

Name of the Degree	Subject	Passed Month / Year		Name of the University	Marks Secured	Maximum Marks	Hall Ticket Number
<input type="text" value="--Select--"/>	<input type="text" value="Select"/>	<input type="text" value="--Sele--"/>	<input type="text" value="--Sele--"/>	<input type="text" value="--Select--"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Add Degree

Delete Degree

Details of B.Ed/B.P.ED or similar Examination Passed

All fields Mandatory

Professional Graduation	Methodology Subject 1	Methodology Subject 2	Passed Month / Year		Name of the University	Marks Secured	Maximum Marks	Hall Ticket Number
<input type="text" value="--Select--"/>	<input type="text" value="Select"/>	<input type="text" value="Select"/>	<input type="text" value="--Sele--"/>	<input type="text" value="--Sele--"/>	<input type="text" value="--Select--"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Add Degree

Delete Degree

Details of M.Ed/M.P.ED or similar Examination Passed

All fields Mandatory

Professional Qualification	Passed Month / Year		Name of the University	Marks Secured	Maximum Marks	Hall Ticket Number
<input type="text" value="--Select--"/>	<input type="text" value="--Sele--"/>	<input type="text" value="--Sele--"/>	<input type="text" value="--Select--"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Add Degree

Delete Degree

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Details of First Appointment

V.HARI RAJA SHEKHAR,

All fields Mandatory

DSC Selected Year <input type="text" value="--Select--"/>	Selected roster point <input type="text" value="--Select--"/>	Date of first appointment <input type="text"/>
Category of the post <input type="text" value="--Select--"/>	Appointing authority <input type="text" value="--Select--"/>	District <input type="text" value="--Select--"/>
Mandal <input type="text" value="Select Mandal"/>	Revenue Village <input type="text" value="Select Village"/>	In which Management <input type="text" value="--Select--"/>
Local / Non-Local <input type="text" value="0"/>	District Name <input type="text" value="--Select--"/>	

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Details of Departmental Test Passed

V.HARI RAJA SHEKHAR,

Have you passed any Departmental Test (YES/NO)*

YES

No.of Test*

2

S.No	Name of the Departmental Test Passed*	Regd.No*	Gazette No	Passed Year*	
1	--Select--			--Select	--Select
2	--Select--			--Select	--Select

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Promotion Details

V.HARI RAJA SHEKHAR,

Are you Promoted (YES/NO)

YES

No. of Promotions (as many as affected)

1

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

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V.HARI RAJA SHEKHAR, 0448118

Transfer Details

If Inter District/G.O 610 Transfer is applicable (Yes/No)*

YES

Inter District/G.O 610 Transfer Details

Teachers affected by (Inter-district/G.O 610)**

Select Transfer

From District*

--Select--

Date of Joining in Present District*

Category of the Post*

--Select--

Medium*

--Select--

Subject*

Select

On transfer Allotted Mandal*

No. of Transfers (Date of First Appointment to Present)*

0

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Health Card Details

V.HARI RAJA SHEKHAR, 0448118

Health Card No.*

SE0001276/01

No.of Dependents*

4

S.No	Relationship*	Health Card Number*	Aadhar Number*	Date of Birth*
1	Select Relationship			
2	Select Relationship			
3	Select Relationship			
4	Select Relationship			

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