TOP PRIORITY
PERSONAL ATTENTION

No. Shiksha Shimla(1-5)B(2)09/2014-Contract O/O Dy. Director(Higher) Education, Shimla District, Shimla-171001. Dated Shimla-171001 the

To

All the Principal, Govt. Sen.Sec.School Distt. Shimla H.P. Simb-1

Subject:-

Regularization of contract post graduate teachers

Memo,

This is with reference to Director Higher Education, H.P., Shimla-1 letter No. EDN-H (19)B(1)-8/2012-Cont. Regl . dated 11/04/2017 on the subject cited above.

In this regard, you are directed to furnish the information/documents in respect of those lecturers (School cadre) who have been completed five years of service on contract basis as on 31/3/2017 and forward the same to this office on the Proforma "A" alongwith appointment order and work & conduct certificate within two days time positively, so that the matter could be taken up with the higher authorities. You shall be personally responsible for any kind of delay in submitting this information.

Dy. Director (Higher) Education, Shimla District, Shimla-171001.

Endst. No. Even Shimla Dated Copy to

- 1. The Director Higher Education Himachal Pradesh Shimla-1 for information please.
- 2. Incharge IT(Internal) to upload these indtructions on website

3. Guard file.

Dy. Director (Higher) Education, Shimla District, Shimla-171001 PRAFORMA-"A"

SUBMISSION OF PARTICULARS IN R/O CONTRACT LECTURER (SCHOOL) FOR
FGULABIZATION AS BCT AFFED COMPLETION OF MEADS SERVICE AS A STATE OF A STATE

	REGULARIZATIO	NASP	GLAFTER	COMPLE	TION (OF 5 YEARS SEI	RVICE AS O	N 31.03.2017
1.	Name of Contract Lecturer/PGT							
2.	Subject							
3.	Father's Name							
4.	Address of Present of posting with con							
	No			Phone No with STD code or Mob. No of Principal				
5.	Name of institution w	here						
	initially joined. Also mention Distt., Mob. phone No. of the insti	tution	Phone No v Principal	vith STD	code or	Mob. No. of		
5.	Permanent Address candidate (Mob. No mandato							
					10.000	No of teacher		
7.	Date of Birth				Male/I	Female		
8.	Date of joining			Appointm	ent orde	er No & date		
9.	Category (Gen/SC/S	ST/OBC	()					
0.	Detail of un-author	ized ab	sence period	if any til	131.03.2	2017 for which sa	lary not dray	en:
	From (Date)	-	Date)		No of days Reason of un-authorize			
		-						
11.	Total length of serv	ice as c	on 31.03.2017	after exc	luding			
	the period as menti	oned in	column No	10				
2.	Educational Qualif	ication:	-					
	Qualification		Name of Uni./Board		ear of	Total Marks	Marks Obtained	Percentage
	Matric						o o minera	-
	10+2							
	BA/BSc/B.Com							
	MA/MSc/M.Com							
	B.Ed.							

Signature of Contract lecturer (Name.....)

 Certified that the infor 	duct is	per the school/relevant reco				
Date:	Signature of I	rincipal/DDO (official seal				
Check list for Peineinal/DDO	(Name of sign to ensure before sending the case from	ing officer				
1. Whether all columns have I	wen filled correctly. Don't make any alte	institution:-				
2. Whether Mobile No./phone	No in r/o teacher and institution is ment	runon in me above Profor ioned				
3. Whether work and conduct of	certificate has been attached.	oneu.				
For office use only (at Directo						
	tee if any :					
Whether Recommended for regularization or Not:						
If Not mention the reason						
Signature of Member	Signature of member	Signature Conv				
Signature of Member	Signature of member	Signature Conv				
Signature of Member	Signature of member	Signature Conv				
Signature of Member	Signature of member	Signature Conv				
Signature of Member	Signature of member	Signature Conv.				
Signature of Member	Signature of member	Signature Conv				
Signature of Member	Signature of member	Signature Conv				