

# RELIEVING CERTIFICATE

(on work adjustment -2024)

**From**

The Headmaster/MEO,  
.....,  
.....Mandal,  
.....Division,  
.....District

**To**

The Headmaster/MEO,  
.....,  
.....Mandal,  
.....Division,  
.....District

**Sub :** School Education of AP – ..... Dist –Academic Year 2024-25  
- Work Adjustment of teachers SA/SGTs in needy schools under all managements -  
**Sri./Smt./Kum.** ..... ,**Designation :**.....,  
**of.....School,.....Mandal,.....Dist**  
- Relieving orders – Issued – Reg.

**Ref:** 1. Procs R.C.No. ESE02-13/90/2021-EST3-CSE-Part(5), Dated : 18.08.2024 of the  
Director of School Education , Andhra Pradesh  
2. Procs R.C.No....., Dated : ..... of the  
.....

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This is to certify that **Sri./Smt./Kum**.....,  
Designation:..... of ..... **School,**  
.....**Mandal of** ..... **Dist** has been relieved on work  
adjustment to .....School ,  
.....Mandal of .....Dist vide above references .

Hence , the individual is relieved from his/her duties on the **FN/AN of** .....  
and this is for your information to take further action.

EMPLOYEE CFMS ID	
U-DISE CODE (ACTUAL PLACE OF WORKING)	
U-DISE CODE (WORK ADJUSTMENT SCHOOL)	

**Encls :**

Order Copy

**Date :** ...../...../..... ,

**Place :** .....

Signature of HM/MEO