

Work Adjustment – 2024

East Godavari District

Declaration For Exemption From Work Adjustment Under Spouse Category

Treasury ID No. _____

Name of the Teacher: _____

UDISE Code: _____ Name of the School _____

Name of the Mandal: _____ Phone No. _____

My spouse Sri/Smt. _____

Working as (Designation): _____ Treasury ID No. _____

Name of the School / Office _____

(If working in School, U DISE Code _____)

Name of the Village / Town: _____

Name of the Mandal: _____ Phone No. _____

I am in Surplus List of Work Adjustment-2024 do here by declare that I am applying for Exemption for Work Adjustment with these special category and I request the authorities to exempt me from work adjustment under spouse grounds as per Procs. Rc.No.ESE02-13/90/2021-EST3-CSE-Part(5) Date:18.08.2024 of the Director of School Education.

If any information is found incorrect by the authorities we are liable for disciplinary action initiated by the authorities.

Signature of teacher

Work Adjustment-2024

East Godavari District

Declaration for Unmarried Female Teachers

Treasury ID No. _____

Name of the Teacher: _____

UDISE Code: _____ Name of the School _____

Name of the Mandal: _____ Phone No. _____

I am in Surplus List of Work Adjustment-2024 do here by declare that I am unmarried as on today and seeking exemption under **Unmarried Female Teacher** category vide Procs. Rc.No.ESE02-13/90/2021-EST3-CSE-Part(5) Date:18.08.2024 of the Director of School Education, Andhra Pradesh, Amaravathi.

Further, I declare that information furnished by me is found incorrect / false by the authorities in future, I will be liable for disciplinary.

Signature of the Teacher

DEEO

Work Adjustment-2024

East Godavari District

Declaration For Exemption From Work Adjustment Under Preferential Category

Treasury ID No. _____

Name of the Teacher: _____

UDISE Code: _____ Name of the School _____

Name of the Mandal: _____ Phone No. _____

and in surplus list of work adjustment-2024.

- | | | |
|----------|--|--|
| 1 | Widow | |
| 2 | Legally Separated Woman | |
| 3. | Who Undergo Treatment | |
| 3 (i) | Cancer | |
| 3 (ii) | Open Heart Surgery / Correction of ASD/ Organ transplantation | |
| 3 (iii) | Neurosurgery | |
| 3 (iv) | Bone TB | |
| 3 (vi) | Kidney Transplantation Dialysis | |
| 3 (vi) | Spinal Surgery | |
| 3 (vii) | Applicants with mentally challenged children | |
| 3 (viii) | Children suffering from Juvenile Diabetes, Thalaseemia disease, Hemophilia Disease, Muscular Dystrophy | |
| 3 (ix) | Children suffering from holes in the heart by birth and undergo treatment | |
- (put a tick mark in the box in which category they eligible and submit relevant proofs)

I request the authorities exempt me from work adjustment under preferential category _____ (eligible sl. No.) as per Procs. Rc.No.ESE02-13/90/2021-EST3-CSE-Part(5) Date:18.08.2024 of the Director of School Education. Required documents for verification submitted with this exemption proforma.If any information found false on later date I liable for disciplinary action.

Enclosures :

Signature of teacher