

Through E-mail only

92799-23248

No-EDN-MND -Ely-(E-III) C &V (Contract Regular)-170/2021-
O/o the Dy. Director of Elementary Education,
Mandi Distt. Mandi (H.P.)

Dated, Mandi- 175001 the 30.12.2021

To

The all Principals/Headmasters/Incharge,
GSSS/GHS/GMS in Mandi Distt. Mandi HP.

Subject:-

**Regularization of C&V teachers who have completed two years
service till 30.09.2021.**


Sir,

With reference to the Addl. Chief Secretary (Personal) to the
Government of Himachal Pradesh office letter No. PER(AP)C-B(2)1/2019 dated
28.12.2021 on the subject cited above.

In this context, you are directed to provide the requisite
information in respect of contract teachers appointed in your institution, who have
completed/completing two years service on contract basis as on 30.09.2021, on the
enclosed prescribed Proforma alongwith year wise work and conduct certificate,
academic & professional qualification certificates, category certificate, copy of
appointment order by 10th January, 2022 positively failing which whole responsibility
for non regularization of any C&V teacher shall lie upon you.

Yours faithfully.

Encl:- Proforma


Dy. Director of Elementary Education,
Mandi Distt. Mandi (HP)

SUBMISSION OF PARTICULARS IN R/O CONTRACT C&V TEACHERS FOR REGULARIZATION AFTER COMPLETION OF Two YEARS SERVICE AS ON 30.09.2021

1	Name of Contract Teacher		I.P. No-	Photo		
2	Desg.					
3	Father's Name /Husband name					
4	Address of Present place of posting with Phone/Mobile No.					
5	Name of Institution where initially joined. Also mention station, Mob. No./ Phone No. of the Institution					
6	Permanent Address of Candidate (Mobile No. mandatory)					
7	Date of Birth		Mob. No of teacher			
			Male/ Female			
8	Date of Joining		Appointment order No. & Date(Also attach the copy of same)			
9	Category (Gen/SC/ST/OBC/PHC etc.) Attach copy					
10	Detail of un-authorized absence period, if any till 30.09.2021 for which salary not drawn:					
	From (Date)	To (Date)	No. of Days	Reason of un-authorized absence		
11	Total Length of service as on 30.09.2021 after excluding The period as mentioned in column No 10					
12	Educational Qualification academic & professional (Please attach attested copy of relevant certificate) :-					
	Qualification	Name of Uni./Board	Year of Passing	Total Marks	Marks Obtained	Percentage
13	Any remarks / reason					

Signature of Contract Teacher

(Name.....)

It is certified that Sh/ Smt _____ is working as _____ on contract basis who was initially appointed as _____ vide this office order No- _____ dated. _____. (Copy attached) And it is also certified that his/her work & conduct is _____ during the period _____ to _____ year wise is attached.

Certified that the information as mentioned above is correct as per relevant record.

Signature of Principal/ Head Master

(Office stamp)

Name: