

CONSOLIDATED FORMAT FOR CONFIRMATION OF PRIMARY TEACHER

NAME OF CIRCLE -

MEMO NO & DATE -

SL NO	NAME OF THE TEACHER & DESIGNATION	NAME & NO OF SCHOOL	DATE OF JOINING	DATE OF COMPLETION OF TWO YEARS	WITHOUT PAY LEAVE TAKEN (Y/N)	IF YES MENTION PERIOD AND GROUND WITH PROPER DOCUMENTS	REMARKS

Documents enclosed :-

1. Duly filled format with recommendation by the concerned S.I./s
2. Application of the concerned Teacher,
3. Copy of Appointment Letter (Self Attested),
4. Copy of Joining Report (Self Attested).

SUB-INSPECTOR OF SCHOOLS

..... CIRCLE