

No:EDN-H(2)B(2)34/2016-regularisation
Directorate of Elementary Education,
Himachal Pradesh Lal Pani Shimla.

Dated Shimla-171001 the August, 2020.

To

All the Dy. Directors of Elementary Education,
Himachal Pradesh.

Subject: Regularization of left out Para Teachers..

Memo:



In compliance to the directions issued by the Secretary (Education) to the Govt. of Himachal Pradesh vide letter No. EDN-C-B(15)4/2011-Vol-II dated 05.08.2020 on the subject cited above.

In this regard, you are directed to collect the from the concerned Principals/Headmasters of the schools under your control in r/o of all Para Teachers on the proforma "A" and forward the same to this Directorate on the proforma "B" in consolidated manner by 13.08.2020 positively alongwith required essential academic/professional qualification certificates/Degrees/category certificate, Character certificate and work and conduct certificates. In case, there is no eligible candidates in your district nil report to this effect be sent to this Directorate.

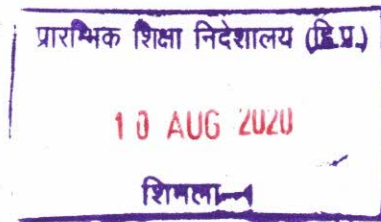
Encls: "Proforma A & B"


Director Elementary Education,
Himachal Pradesh Shimla.

Endst No: Even dated:- August, 2020.

Copy forwarded for information and further n/a to:-

1. The Secretary (Education) to the Govt. of H.P. for kind information please.
2. The Principals/Headmasters of the concerned school where Para TGTs are working with the directions to send the regularisation case on proforma alongwith required essential academic/professional qualification certificates/Degrees and work and conduct certificates to the concerned Deputy Director of Elementary Education. No direct correspondence to this effect will be entertained in this Directorate.
3. Incharge Monitoring Cell (Internal) to upload these instructions on department website.
4. Guard file.




Director Elementary Education,
Himachal Pradesh Shimla.

SUBMISSION OF PARTICULARS IN R/O Para TGTs FOR REGULARIATION

1.	Name of the Para TGTs					I.P.No.
2.	Subject					
3.	Father's Name					
4.	Address of Present place of posting with contact No.					
		Phone No with STD code or Mob. No of Principal				
5.	Name of institution where initially joined. Also mention Distt. Mob. No./ phone No. of the institution					
		Phone No with STD code or Mob. No. of Principal/Headmaster				
6.	Permanent Address of candidate (Mob. No.)					
		Mob. No of teacher				
7.	Date of Birth				Male/Female	
8.	Date of joining	Appointment order No & date (Also attach the copy of same)				
9.	Category (Gen/SC/ST/OBC/PHH/EXM etc.) Attach copy					
10.	Detail of un-authorized absence period, if any for which salary not drawn:					
	From (Date)	To (Date)	No of days	Reason of un-authorized absence		
11.	Whether any court case is pending	Case No. Status of the case				
12.	Educational Qualification (Please attach copy of relevant certificates):-					
	Qualification	Name of Uni./Board	Year of Passing	Total Marks	Marks Obtained	Percentage
	BA/BSc					
	Professional (i.e B.Ed.)					

**Signature of Para TGT
(Name.....)**

- It is certified that Sh/ Smt/Miss _____ is working as Para TGT who was initially appointed as such vide Office order/letter No _____ dated _____ (Copy attached).
- His/her work and conduct is _____ during the period w.e.f _____ till date.
- Certified that the information as mentioned above is correct as per the school/relevant record.

Date:.....

**Signature of Principal/Headmaster/DDO (official seal)
(Name of signing officer.....)**

Proforma-"B"

Proforma for regularisation in r/o Para TGTs.

Sr.No	Name of the teacher, Name of the School where presently posted	D.O.B	Date of Joining as Para TGTs	Qualification		No. of days of un-authorized absence if medical grounds (M.C. must be attached)	Category SC/ST/O BC/ PHH/EX M/ etc.	Whether any court case is pending case No. and status	Remarks
				B.A. B.Sc (NM/ Medical)	B.Ed Passing date and Name of the University				
1									
2									
3									
4									
5									
6									
7									

Certificate

Certified that above information is correct in all respect as per record.

Dy. Director of Elementary Education,

_____ Distt. _____ H.P.