

Certificate on Rationalization Points
[Under Rule 8]

Transfer Application No. _____ Treasury ID No. _____

Name of the Teacher: _____

UDISE Code: _____ Name of the School _____

Name of the Mandal: _____ Phone No. _____

I certify that the individual has been working in the school as since _____ (date) and **NOT Completed 5/8 years service as on 31.08.2015** in the school and he / she has been affected by the rationalization process. If any information is found incorrect by the authorities we are liable for disciplinary action in addition to prosecution, initiated by the authorities.

Signature of the Authority*

* Authority i.e., in case of teachers in PS and UPS, MEO / in case of HS, HM / in case of HM, DyEO.