AIDED SCHOOL SERVICE CERTIFICATE (AS PER GOVERNMENT DECISION 6 RULE 14 E, PART III KSRs)

| | | - | | | | ervice of year elow (excluding in | | | |
|---|---|-----------------|-----------------|--------|----|--|---|----|--|
| Sl. No | Name of School | Designati on | Scale of Pay | Period | | Reason for Period of termination of each appointment | Period of interruption on leave on loss of pay,suspension etc | | |
| | | | | From | To | | From | То | |
| | | | | | | | | | |
| (a) Length of total service :(b) Length of total non-qualifying service :(c) Net qualifying service (a-b) : | | | | | | | | | |
| be | specified | l) | ••••• | | | date of option(to | in the old | | |
| | tation : Date : Signature of Employee : Name : PEN : Designation : Name of School : | | | | | | | | |

| Certified that the details of serv | rice Sri/Smt given above |
|-------------------------------------|---|
| have been personally verified b | y me with reference to the original records of |
| Attendance Registers, Acquitta | nce Rolls, Pay bills etc. and the net qualifying |
| service (Years Mont for pension. | hs Days) shall be reckoned as qualifying service |
| Station : Date : | |
| S | Signature of Principal/Headmaster : |
| | Name : PEN : |
| | Name of School : |
| | District: |
| Office Seal | |
| | |
| No: Dated | •••••• |
| | Countersigned |
| Place: | Signature, Name, Designation Educational Authority concerned |
| Office Se | al |