

**Incumbency Details**

<b>Sl.No</b>	<b>Seniority Number</b>	<b>Employee ID</b>	<b>Mobile Number ( for OTP Purpose)</b>	<b>Name of the Employee</b>	<b>Date of Birth</b>	<b>Gender</b>	<b>Post Cadre (State / Multi-zone / Zone / District)</b>	<b>Name of the Post</b>	<b>Details of Local Cadre in which the employee is currently working ( State/MZ-I/MZ-II/Zone-I/II/III/IV/V/VI/VII/ District)</b>	<b>Date of Initial Joining into Service</b>	<b>Date of Retirement</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>	<b>11</b>	<b>12</b>
<b>2</b>	<b>1</b>	2004318	9000488887	AKEEL PASHA	02-08-1972	MALE	<b>DISTRICT</b>	Typist (Local Cadre)	<b>DISTRICT</b>	06-04-1996	<b>31-08-2033</b>
<b>3</b>	<b>2</b>	565258	9848046585	K SHIVA PRASAD	30-11-1983	MALE	<b>DISTRICT</b>	Typist (Local Cadre)	<b>DISTRICT</b>	07-03-2017	<b>30-11-2044</b>

**Note: All the DEOs & RJDs are requested to furnish the required Data in the above format in order to take up the ensuing transfers through online mode by 11.00 AM Monday (04.05.2026), as there will be a virtual conference held by the Director, School Education in the matter on Monday**

Incumbency Details									Details of Present Post Held			
Sl.No	Seniority Number	Employee ID	Is there any Charges are Pending (Yes/No)	Preferential Category					Name of the office presently working	Name of the Present Post	Present Post Location (Station)	Date from which working in present station
				Disability 70% and above (Y/N)	Medical grounds (Mention Medical Condition as per	MR Child (Y/N)	Widow (Yes/No)	Whether working in Hardship areas (Y/N)				
1	2	3	13	14	15	16	17	18	19	20	21	22
2	1	2004318	NO	NO	NO	NO	NO	NO	O/o DEO, Nizamabad	Typist (Local Cadre)	NIZAMABAD	07/01/2022
3	2	565258	NO	NO	NO	NO	NO	NO	Govt DIET, Nizamabad	Typist (Local Cadre)	NIZAMABAD	07-03-2017

**Note: All the DEC order to take up as there will be a Monday**

						Spouse Employment Details						Remarks
Sl.No	Seniority Number	Employee ID	Whether the Individual has completed 3 years as on 01.01.2026 (Y/N)	Whether the Individual has completed 4 years as on 31.12.2025 (Y/N)	Whether the Individual is eligible for transfer as per norms (Y/N)	Whether spouse is employed (Yes/No)	Organization Type (State Government / State PSU / Telangana State Local Bodies / Government of India (GoI) / GoI)	Spouse Name	Name of the Department	Name of the Post	Post Headquarters	
1	2	3	23	24	25	26	27	28	29	30	31	32
2	1	2004318	YES	NO	YES	NO						
3	2	565258	YES	YES	YES	NO						

**Note: All the DEC order to take up as there will be a Monday**