



Dr.YSR HORTICULTURAL UNIVERSITY
ADMN.OFFICE,P.O.BOX.7,VENKATARAMANNAGUDEM
WEST GODAVARI DISTRICT

Circular.Memo.No.10990/Spl.Cell/2017,

Dated.07-11-2017.

Sub: Dr.YSRHU – Andhra Pradesh reorganization – Proforma for option form for consideration of allotment of employees – Regarding.

Ref:1. Memo.No.1872/Agri.(I)/2015, dt.27-02-2015 from Deputy Secretary to Government, Agriculture & Cooperation(Agri.I) Dept., Govt.of AP together of with its enclosure G O Ms.No.14, dt.19-02-2015 of Chief Secretary to Government, General Administration(SR-III) Department, Government of Andhra Pradesh.

2. Minutes of the meeting for Distribution of Personnel between SKLTSHU & Dr.YSRHU on 06.11.2017 in the Chambers of APC & Secretary to Government, A&C Department, Government of Telangana, Hyderabad.

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As per the Orders of the Hon'ble High Court of Judicature at Hyderabad, the Secretaries of State of Telangana and Andhra Pradesh and the Vice-Chancellors of both Universities i.e. SKLTSHU and Dr.YSRHU have prepared modalities for distribution of personnel between two Universities i.e. SKLTSHU & Dr.YSRHU in the meeting held on 11.10.2017 in the Chambers of APC & Secretary to Government, A&C Department, Government of Telangana.

Accordingly, as per the minutes of the meeting, the Registrar, SKLTSHU, has called for options and received the same from all the 33 relieved employees for distribution between SKLTSHU and Dr.YSRHU.

Further, In the meeting held on 06.11.2017, the Secretary of Andhra Pradesh and Secretary of Telangana and the Vice-Chancellors of both the Universities i.e. SKLTSHU & Dr.YSRHU have opined to call for the options from all the cadres other than subordinate services in Dr.YSR Horticultural University, Venkatramannagudem, West Godavari District, Andhra Pradesh, as on 01.06.2014. The Registrars of both Universities are directed to call for options from the respective employees under their administrative control.

In view of the above, to collect the information on the willingness of the employees it is decided to obtain options from Teaching and Non-Teaching employees of Dr.YSRHU. (Other than subordinate services). The option form for the above purpose is enclosed herewith for furnishing the required information in respect of Teaching/Non-teaching employees of the University latest by 16-11-2017.

Therefore, all the Officers noted in the address entry are requested to circulate the option proforma to each Teaching/non-teaching employees other than subordinate services working under their control for filling and submit the proforma to the University before due date. Further each and every Teaching (Annexure I & II) and Non-Teaching (Annexure – I only) employee should submit the above proforma without fail.

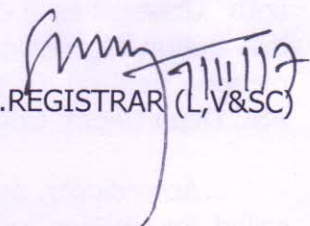
The circular and option forms are available on Internet and can be accessed at the address <http://www.drysrhu.edu.in>

B.SRINIVASULU
REGISTRAR

To

All the University Officers, Admn.Office, Dr.YSRHU, Venkataramannagudem.
Copy to all Heads of Research Stations/Schemes/Assoc.Deans of Horti.Colleges/Principals of Horti.Polytechnics/Programme Coordinators of KVKs under Dr.YSRHU.
Copy to the Joint Registrar, Dr.YSRHU, V.R.Gudem.
Copy to all the Deputy Registrars/Deputy Comptroller, Dr.YSRHU, V.R.Gudem.
Copy to all Assistant Registrar's/Asst.Comptroller's, Admn.Office, Dr.YSRHU, V.R.Gudem.
Copy to PS to Vice-Chancellor, Dr.YSRHU.
Copy to all section superintendents, Admn.Office, Dr.YSRHU, V.R.Gudem.
Copy to the Registrar, Sri Konda Laxman Telangana State Horticultural University, R'Nagar for necessary action.
Copy to Sf/Sc.

//F.B.O//


ASS.REGISTRAR (L,V&SC)

ANNEXURE - I

**DR.Y.S.R.HORTICULTURAL UNIVERSITY
ADMN.OFFICE:VENKATARAMANNAGUDEM
WEST GODAVARI DISTRICT**

OPTION FORM FOR CONSIDERATION OF ALLOTMENT OF EMPLOYEES

Information on willingness of the employees working in various Institutions/Colleges/Research Stations/KVKs/Schemes/Other institutions under the control of Dr.YSRHU as on 01-06-2014.

Name of the Institutions/Colleges/Research Stations/KVKs/Schemes :

Category of post to which the Employee belongs :

1. Name of the Employee(As given in the Service Register) :
2. E-mail & Mobile No. :
3. Date of Birth :
4. Gender :
5. Social Status(OC/BC/SC/ST/others) :
6. Marital Status(Married/Unmarried/Widow/Divorcee/Single) :
7. Date of Entry into service :
- 8. Details of first (initial) posting**
- 8 (a) Designation at the time of initial posting :
- 8 (b) Place of initial posting :
- 8 (c) Minimum qualification prescribed for the initial post / Matriculation whichever is less :
9. Have you been confirmed in the post to which you were first appointed ? :
10. Are you a local candidate in terms of Andhra Pradesh Public Employment Order 1975 (Six- Point Formula) :
- 10 (a) Place of birth :
- 10 (b) Home District :
- 10 (c) Please specify the state in relation to which you are a local candidate :
- 10(d) Specify the basis of local candidature :

Details of Institutions, period of study and the places where you studied for a period of 7 years immediately preceding Matriculation /SSC(Enclose study certificates)					
Class	From Month: Year	To Moth : Year	Name of the Recognized School /Institute	Place	District
10					
9					
8					
7					
6					
5					
4					

11.	Designation (of the post) held on 01-06-2014	:	
12(a)	Office type (HOD/Others)	:	
12(b)	Name & Address of the Office	:	
13.	Method of Appointment to the post holding as on 01-06-2014	:	
14.	Are you holding the said post in a Substantive capacity?	:	
15.	Name of the Designation (post) currently held	:	
16	Name & Address of the office where you are currently working	:	

17.	Preference	Andhra Pradesh/Telangana State
17(a)	The reason why I prefer to be allotted to the state of Andhra Pradesh/Telangana	:
17(b)	Are you claiming preferential allotment in terms of spouse criteria(All India Service)	:
17(c)	Are you claiming preferential allotment in terms of Spouse criteria(State cadre)	:
17(d)	Are you claiming preferential allotment (Extreme personal hardship/Health condition/PH etc)	:
18.	Any other relevant information	

AFFIRMATION

I solemnly declare that information given above is true to the best of my knowledge and belief and nothing has been concealed. I abide by the rules and regulations governing , Service Conditions of Dr.YSRHU and further undertake that I shall be liable for disciplinary action including criminal charge in case the information furnished above by me is found to be false at a later date.

Place:

Date:

Signature

Verification certificate by the Head of the Institute

I certify that I have verified the details submitted above by the employee with reference to records and found them to be correct.

Place:

Date:

Signature of the Head of the Institute with stamp

Note:

1. This proforma is subject to approval by the government.
2. This is a part of an advance action to keep the data base/information ready for submission to Government.
3. This will be treated as option form if approved by the government.

ANNEXURE - II

**DR.Y.S.R.HORTICULTURAL UNIVERSITY
ADMN.OFFICE:VENKATARAMANNAGUDEM
WEST GODAVARI DISTRICT**

OPTION FORM OF TEACHING STAFF OF Dr.YSRHU

1.	Name of the Employee					
2.	Designation					
3.	Father's Name/Husband's Name					
4.	Permanent Address					
5.	Mobile No.					
6.	Email id					
7.	Date of Birth					
8.	Place of Birth					
9.	Social Category	OC	BC	SC	ST	Others
	(Tick as per Category)					
10.	Nativity					
11.	Date of Joining in Dr.YSRHU					
12.	Post at the time of joining in Dr.YSRHU					

13 Educational Qualifications						
S.No.	Degree	Name of the Degree/Class	Subject	Year of Completion	Place of Study	Grade/Rank/Class
1.	4 th Class					
2.	5 th Class					
3.	6 th Class					
4.	7 th Class					
5.	8 th Class					
6.	9 th Class					
7.	10 th Class					
8.	Intermediate					
9.	Under Graduate					
10.	Post Graduate					
11.	Ph.D					
12.	Others					

14. Employment Details

Sl.No	Designation	Period		Duration		Mode of Selection (Direct/CAS)
		From	To	Years	Months	
1.	Instructor					
2.	Assistant Professor (AGP -6000)					
3.	Assistant Professor Senior Scale (AGP -7000)					
4.	Assistant Professor Selection Grade/Associate Professor(AGP-8000)					
5.	Assistant Professor (AGP-9000)					
6.	Professor (AGP-10000)					
7.	Professor (HAG Pay)					

15. Place of Working During Employment Period

S.No.	Post Held	Place of Work	Duration
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			

AFFIRMATION

I solemnly declare that information given above is true to the best of my knowledge and belief and nothing has been concealed. I abide by the rules and regulations governing , Service Conditions of Dr.YSRHU and further undertake that I shall be liable for disciplinary action including criminal charge in case the information furnished above by me is found to be false at a later date.

Place:

Date:

Signature

Verification certificate by the Head of the Institute

I certify that I have verified the details submitted above by the employee with reference to records and found them to be correct.

Place:

Date:

Signature of the Head of the Institute with stamp