

To,  
The Chairman,  
\_\_\_\_\_ District Primary School Council

\_\_\_\_\_  
Through the Proper Channel

**Subject- Application for Confirmation of Service**

- 1) Name of Circle :
- 2) Name of Teacher :
- 3) Name of School with P.O. :
- 4) Qualification & Designation as  
per Appointment Letter :
- 5) Date of Birth :
- 6) Date of 1<sup>st</sup> Joining as a Teacher  
under \_\_\_\_\_ D.P.S.C. (other than  
deputation Vacancy). :
- 7) Length of Service as on ..... :
- 8) Whether there is any break of service and if so,  
Reason thereof :
- 9) Date from which confirmation is proposed :
- 10) Remarks if any :

**Signature of the Teacher with Date**

**11) Confidential report of H.T. / T.I.C.  
in case of A.T.**

**Signature of the H.T. / T.I.C. with Date & Seal**

**12) Confidential Report of the local S.I.  
respect of H.T.**

**Signature of the S.I./S with Date & Seal**