No. EDN-HE(19)B(1)-8/2023-Cont-Regl. Directorate of Higher Education

Himachal Pradesh Shimla-1

To

All the Deputy Directors of Higher Education,

in Districts of Himachal Pradesh.

Dated:

Shimla-171001

the

March, 2025

गलय उच्चतर हि॰प्र

1 1 MAR 2025

शिमला - 1

Subject:

Regularization of contract appointees in the Government Departments-

Instructions thereof.

Sir/Madam,

On the subject cited above, you are hereby directed to collect the information of contractual Lecturers (School-New) who will complete two years of continuous services as on 31.03.2025 on the proforma-"A" from the Principal of Senior Secondary Schools under your control. Thereafter, information may be compiled on proforma "B" in consolidated manner in the office of Deputy Director concerned and same be sent to this Directorate at the earliest along with appointment order, work and conduct and medical fitness certificate. In case, there is no eligible candidate in your District, NIL report may be sent to this Directorate at the earliest.

(Dr. Amarjeet K. Sharma) Director of Higher Education Himachal Pradesh Shimla-1

Encls. Proforma "A" & "B".

Endst. No. Even

Dated:

Shimla-171001

the

March, 2025

Copy to:

- 1. All the Principal Govt. Sr. Sec. Schools in Himachal Pradesh with the directions to send the regularization proforma of those contractual Lecturer who will complete two year service as on 31.03.2025 on the proforma-"A" along with work and conduct, medical fitness certificate and others documents, to the concerned Deputy Director of Higher Education at the earliest. No direct correspondence to this effect will be entertained in this Directorate.
- 2. In-charge IT Cell (Internal) to upload these instructions on departmental website.

3. Guard file.

Director of Higher Education Himachal Pradesh Shimla-1

E-mail: dhe-sml-hp@gov.in Tel. No. 0177-2653120

## SUBMISSION OF PARTICULARS IN R/O CONTRACT LECTURER (School-New) FOR REGULARIZATION AFTER COMPLETION OF 2 YEARS SERVICE AS ON 31.03.2025.

							DELL'I CE LES OI	J1.05.2025.				
1.	Name of Contract Lecturer (School-N	lew)										
2.	Subject						ě					
3.	Father's Name											
4.	Address of Present place of posting with contact											
	No	Phone No with STD code or Mob. No of Principal										
5.	Name of institution where initially joined. Also mention Distt., Mob. No./ phone No. of the institution		Phone No		STD	ode or	Mob. No. of					
6.	Permanent Address candidate (Mob. No mandato											
7.	Date of Birth		-									
8.	Date of joining			Appo	ointmo	ent order No & date						
9.	Category (Gen/SC	/ST/OF	BC)									
10.	Detail of un-authorized absence period, if any till 31.03.2025 for which salary not drawn:											
	From (Date)	Date)	Date) No of days				Reason of un-authorized absence					
									8:			
		-										
11.	Total length of service as on 31.03.2025 after excluding the period as mentioned in column No 10.											
12.	Educational Qualif											
	Qualification	Name of Uni./Board		Year of Passing		Total Marks	Marks Obtained	Percentage				
	Matric											
	10+2											
	BA/BSc/B.Com											
	MA/MSc/M.Com											
	B.Ed.											
							,					

Signature of contract Lecturer (School-New)	)
(Name)	
Contd. 2/-	

working as contract Lecturer(School-Ne as such vide Directorate of Hr I dated at serial number 2. His/her work and conduct is copy).	iss
Date:	Signature of Principal/DDO (official seal) (Name of signing
officer)	
	e before sending the case from institution:-
	correctly. Don't make any alteration in the above Proforma. teacher and institution is mentioned.
For office use only (at Directorate leve	n):
Remarks of Screening committee if any	
•	
	AT.
Whether Recommended for regulariza	
***************************************	
*****	
******	
If Not mention the reason	
60000	*
Signature of Member	Signature of Member Signature
Convener	

## Proforma for regularization of contract Lecturers (School-New) those who will complete two years as on 31.03.2025.

Sr. No.	Name of the lect.	Father's name	Subject	Qualification		Name of the School presently	Date of Birth	Date of joining on 1st apptt.	Period of un- authorized	No. of days of un-authorized absence	Total Length of service as 31.03.2025	Category	Remarks
				%age in Master Degree	B.Ed. %age	posted			absence (mention the dates)				
1													
2													
3													
4											×		
5								, or					
6							ž.						
7													
8													

## Certificate

Certified that all the information supplied above is correct in all respect as per record.

Deputy Director Higher Edu	cat	tior	1
Distt			
Himachal Pradesh			