Submission of Supporting Documents To Claim Under Preferential Category under point 4.2/4.4 in Appendix

[AP P.O 2025 Guidelines G.O.Ms.No.129,G.A.(SPF&MC)Dept.,dated:17.07.2026)

1	Name of the Government Servant	
2	Designation/Cader	
3	Employee CFMSID	
4	Name of the place/office &district where the Employee is presently working	
5	Employee Mobile phone number having WhatsApp	
6	Seniority No In Present Cader	
7	Gender(Male/Female)	
8	(a) Do you belong to any Preferential Category under point 4.2/4.4 in Appendix to G.O.Ms.No.129,GA(SPF&MC)Dept.,dated:17.07.2026 (b) If YES, indicate preferential category. Plz Mark ✓	1Employees who are the Persons with Benchmark Disabilities (PwBD) having certified disability of seventy percent(70%)or above as certified in SADAREM certificate. ( ) 2Employees having dependent mentally challenged children.( ) 3 Widows who remained unmarried ( ) 4 employee him/herself suffering from any of the following ailments: (a)Cancer( )(b)Major Neuro surgery( ) (c)Kidney Transplantation ( ) (d)Liver Transplantation ( )(e)Open Heart Surgery( )
	(c)Type Of Preferential Category Claiming Among The Above	
9	Whether supporting documents attached? If "Yes" Details Of Certificates/Documents	YES Attested Copy Of Certificate Issued Dt---------- By---------- ---------- In Regard To claim under ---------- --------- Preferential category ----------
10	Signature Of Employee I solemnly affirm that the particulars above are true to the best of my knowledge and belief	
11	Signature Of Head Of Office Duly certifying that the particulars above are Verified With Office Data	

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