Circular Memo, No 19184/SR I/A1/2014-4

Subject: A.P. Reorganisation Act, 2014 – Submission of Option by State cadre employees indicating their preference to serve either of the States of Andhra Pradesh or Telangana. Formats for preferential claim for allotment to a particular State on grounds like spouse being in service or extreme personal hardship – Prescribed – Reg.

Ref: 1. Guidelines relating to Allocation of State Services Employees

1. In the Circular Memorandum second cited detailed instructions were issued prescribing the procedure for filling options electronically and for submission of ink signed downloaded printed option form with relevant documents and certificates by all the allocable employees and the further action to be taken in the matter by the Heads of the Departments concerned.

2. The grounds for preferential claim for allotment to a particular State on extreme personal hardship are specified in paragraph 18 (m) of the Guidelines in relation to allocation of State services employees as detailed below.

(18 m). Cases of alleviation of extreme personal hardship of State Government employees will be exceptions to the principle:

i) Widowed female employees may be considered for allocation to the State to which option is exercised.

ii) Handicapped persons of more than 60% disability may be allocated on the basis of option, subject to the procedure prescribed by the State Government.

iii) An employee or whose spouse or child is known to be facing serious medical hardship, in cases of Cancer, Open Heart / Bye-pass surgery, and Kidney Transplantation / Kidney failure and continuing on dialysis shall be considered for allotment on special grounds on priority on the basis of option, subject to strict proof of verification as per the procedure prescribed by the State Government. This clause is applicable to only those employees who are working outside the common capital.

3. Female widowed employees, physically disabled employees with more than 60% disability and employees or whose spouse or child is known to be facing serious medical hardship and claiming preferential allotment shall attach a declaration as specified in annexure - I or annexure – II or annexure – III respectively attached to this Memo with supporting documents and submit along with the printout of the down loaded filled option form to the Member-Secretary, Advisory Committee, G.A. (SR) Department, A.P. Secretariat through proper channel, i.e., through their respective Head of the Department of the Government within two weeks from the date of publication of notification calling for options as instructed in the Circular Memo second cited.

4. The female widowed employee claiming preferential allotment shall produce the death certificate of her spouse along with the declaration form.

5. The physically disabled employees with more than 60% of disability claiming preferential allotment shall produce along with the declaration form a certificate in the proforma as prescribed in the Annexure II in G.O. Ms. No.31, Women Development, Child Welfare & Disabled Welfare (DW) Department, dated: 01.12.2009.
6. An employee or whose spouse or child is known to be facing serious medical hardship and claiming preferential allotment on that count shall produce the medical certificate in respect of the applicable ailments as mentioned in the said guideline as detailed below:

(i) Medical certificate from the treating specialist Government Doctor of the ailment concerned, if the treatment is availed or being availed in a Government Hospital.

(ii) Medical certificate from the treating specialist Doctor of the ailment concerned, if the treatment is availed or being availed in a private Hospitals recognised by Government as per rules issued by Government from time to time. However such medical certificates must be attested by the concerned specialist Government Doctor viz., concerned Cancer specialist/ Cardiologist / Nephrologist working in the Government hospitals duly producing details of treatment / Investigation reports before the concerned specialist Government Doctor working in the Government Hospitals.

(iii). The propforma of Medical certificates to be submitted in respect of these cases are at Annexure IV to VII of this Memo as may be applicable.

(iv). The Medical certificate shall be produced along with the declaration form and printout of the down loaded filled option form.

(v). The Head of the department shall certify the claim with reference to medical reimbursement etc., as per rules.

7. Paragraph 18 (h) of the guidelines specify that employees who are not local in relation to both States will be allocated on the basis of place of birth or home district, as the case may be, after due verification and certification. Those originally from other States will be allocated on a case by case basis after considering their option. Therefore the employees who are non local to both areas have to produce birth certificate or home district certificate issued by the Mandal Revenue officer.

8. The Directors of Medical Education of Andhra Pradesh and Telangana State are requested to issue necessary instructions to the Superintendents of respective Government General Hospitals as well to the respective Specialist Government Doctors of the ailments specified in the paragraph 18(m) (iii) of the guidelines at para (2) above to attest the Medical certificates issued by the treating specialist non-Government Doctor in these cases after verifying the details of treatment / Investigation reports of such cases.

9. All the departments of Secretariat and Heads of the departments of Andhra Pradesh and Telangana state are requested to bring these instructions to the notice of their employees.

L.PREMACANDRA REDDY
SECRETARY TO GOVERNMENT (SR)

To
All the departments of Secretariat of Andhra Pradesh and Telangana State
All the Heads of the Departments of Andhra Pradesh and Telangana State
The Directors of Medical Education of Andhra Pradesh and Telangana State

Copy to:
PS to Chairman, State Advisory Committee
PS to Chief Secretary to Govt, A.P
PS to Chief Secretary to Govt, Telangana State
PS to Secretary to Govt (SR), GAD, A.P
PS to Spl Secretary to Govt (SR), GAD, Telangana State

//Forwarded by Order//

Assistant Secretary to Govt (SR)
ANNEXURE-I

DECLARATION OF WIDOWED FEMALE EMPLOYEE

I, Smt. _____________________________ w/o Late Sri. _____________________________ ,
working as _____________________________ in the O/o _____________________________
--- of _____________________________ Department, am seeking preferential allotment to the
State of Telangana / State of Andhra Pradesh in terms of paragraph 18 (m) (i) of the
Guidelines relating to Allocation of State Services Employees. I hereby declare that my
husband expired on............. (Death certificate enclosed), that I have not remarried
and that I am eligible to be considered for preferential allotment to the State of my
choice. I submit the death certificate of my late husband as proof of claim.

Signature...........................................

Place: .................................
Date: .................................

Name of the Employee: .................................

I certify that I have verified and found the above declaration to be correct/incorrect. I
recommend / do not recommend favourable consideration of the preferential claim.

Signature of the Head of the Office: .................................
(Along with stamp)

Name: .................................
Designation: .................................
Place: .................................
Date: .................................

//Attested//

Assistant Secretary to Govt (SR)
ANNEXURE-II

DECLARATION OF PHYSICALLY DISABLED EMPLOYEE

I, Sri/Smt/Ms ____________________________, working as ____________________________ in the O/o ____________________________ of ____________________________

Department, am seeking preferential allotment to the State of Telangana / State of Andhra Pradesh in terms of paragraph 18 (m) (ii) of the Guidelines relating to Allocation of State Services Employees. I hereby declare that I am a Physically Disabled person suffering with ____________________________disability. The percentage of disability in my case is with more than 60%. I am eligible to be considered for preferential allotment to the State of my choice on this ground. I submit the Medical certificate as proof of the claim.

Signature: ____________________________
Name of the Employee: ____________________________
Place: ____________________________
Date: ____________________________

I certify that I have verified and found the above declaration to be correct/incorrect. I recommend/do not recommend favourable consideration of the preferential claim.

Signature of the Head of the Office: ____________________________
(Along with stamp)

Name: ____________________________
Designation: ____________________________
Place: ____________________________
Date: ____________________________

//Attested//

[Signature]
Assistant Secretary to Govt (SR)
ANNEXURE-III

DECLARATION OF EMPLOYEE IN SERIOUS MEDICAL HARDSHIP

I, Sri/ Smt/ Kum. ____________________________, working as ____________________________ in the O/o ____________________________ of the ____________________________ Department, am seeking preferential allotment to the State of Telangana / State of Andhra Pradesh in terms of paragraph 18 (m) (iii) of the Guidelines relating to Allocation of State Services Employees. I hereby declare that I / my spouse/ son / daughter ____________________________ is suffering from Cancer, heart disease having undergone Open Heart / Bye-pass surgery / kidney disease having undergone Kidney Transplantation / Kidney failure and continuing on dialysis. I am eligible to be considered for preferential allotment to the State of my choice on this ground. I submit the Medical certificate as proof of the claim.

Signature: ____________________________
Name of the Employee: ____________________________
Place: ____________________________
Date: ____________________________

I certify that I have verified and found the above declaration to be correct/ incorrect. I recommend / do not recommend favourable consideration of the preferential claim.

Signature of the Head of the Office: ____________________________
(Along with stamp)
Name: ____________________________
Designation: ____________________________
Place: ____________________________
Date: ____________________________

//Attested//

Assistant Secretary to Govt (SR)
Medical Certificate for Cancer patients

This is to certify that Sri./Smt./kumari ___________________________ Occ.- ___________________________ in O/o __________________________ is suffering from __________________________ w.e.f. __________________________ (Date of diagnosis of the Cancer) affecting __________________________ (Affecting which Organ / System of the human body). The treatment given is/are __________________________ Surgery / Radiation Therapy / Chemotherapy / Other Therapies viz. __________________________. The treatment is continuing / completed on __________________________ (if completed). The Current status is no evidence of disease / Disease Present - Amenable for treatment / Disease present on palliative treatment. The patient is on active anti-cancer treatment.

Date: __________________________

Signature of the Treating physician with Registration number & Stamp.

// Attested //

Place: __________________________
Date: __________________________

Signature of Concerned Specialist doctor
Designation:
Name of Government General Hospital :
Stamp:

Note: The following shall be produced before the Specialist Government Doctor working in Govt General Hospital for verification and attestation of the Medical Certificate.

Confirmation investigations i.e
(i) Histopathological Report and
(ii) Imaging i.e. X-Rays, CT Scans, MRI, PET-CT and
(iii) Treatment summary from treating / treated physician.

//Attested//

Assistant Secretary to Govt (SR)
ANNEXURE V

Medical Certificate for Coronary Artery Bypass Graft (CABG) / Open Heart Surgery patients.

This is to certify that Sri./Smt./kumari ____________________________________________ Occ.-
H/W/S/D/of Sri/Smt. ___________________________ in O/o __________________________ is
suffering from __________________________ w.e.f __________________________. The treatment given
is Open heart Surgery / Coronary Artery Bypass Graft (CABG). The patient is on active
cardiac post operative treatment.

Date: __________________________________________
Signature of the Treating Cardiologist with Registration number & Stamp.

// Attested //

Place: __________________________________________
Date: __________________________________________
Signature of Cardiologist
Designation: __________________________________________
Name of Government General Hospital :
Stamp: __________________________________________

Note: The following shall be produced before the Cardiologist working in Govt General Hospital for verification and attestation of the Medical Certificate.

1. Discharge Summary
2. Detailed Operative notes by concerned surgeon with Registration number of surgeon
5. Latest 2D ECHO certified by qualified cardiologist with DM qualification with image copies
6. Medical Certificate from treating Cardiologist with Registration number.
7. All the documents and SCAR on the chest should be verified and certified by Cardiologist working in Government Hospitals.

//Attested//

Assistant Secretary to Govt (SR)
ANNEXURE VI

Medical Certificate for Chronic Kidney Disease (CKD) / Patients on continuing Dialysis

This is to certify that Sri./Smt./kumari ___________________________ Occ.-
H/W/S/D/of Sri/Smt. ___________________________ in O/o ___________________________ is
suffering from Chronic Kidney Disease / Stage V -Dialysis (D). The patient is on
maintenance Hemo Dialysis / Continuous Ambulatory Peritoneal Dialysis. The date of
initiation of Dialysis is ___________________________ and the type of Access is AV
Fistula / Perm Cath. The patient is on continuance medical treatment.

Date: ___________________________ Signature of the Treating Nephrologist
with Registration number & Stamp.

// Attested //

Place: ___________________________ Signature of Nephrologist
Date: ___________________________ Designation:
Name of Government
General Hospital :
Stamp:

Note: The details of treatment / Investigation reports etc shall be produced to
the Nephrologist working in Government Hospitals for verification and
attestation of the Medical Certificate.

//Attested//

Assistant Secretary to Govt (SR)
ANNEXURE VII

**Medical Certificate for the patient of the Post Renal (Kidney) Transplantation**

This is to certify that Sri./Smt./kumari _________________________________ in O/o __________________________ has underwent the Renal transplantation (Live related / deceased donor) on ______________ (Date of the Renal Transplantation) and the patient is on immunosuppressant treatment (details of the status of the current immunosuppressant treatment).

Date: ______________________________ Signature of the Treating Nephrologist with Registration number & Stamp.

// Attested //

Place: ______________________________ Date: ______________________________

Signature of Nephrologist
Designation: ______________________________
Name of Government General Hospital: ______________________________
Stamp: ______________________________

Note: The following shall be produced before the Nephrologist working in Govt General Hospital for verification and attestation of the Medical Certificate.

1) Discharge Summary Xerox Copy (of the renal transplantation surgery) attested by the treating Nephrologist & the transplant surgeon.

2) Latest US Scan Abdomen Report demonstrating the renal allograft (with Scan Photograph).

3) All the above documents should be verified and attested by the qualified Nephrologist working in Government Hospitals.

//Attested//

Assistant Secretary to Govt (SR)