

Draft Appointment Order

To

(Name)

(Address)

No. Date:- __-12-2025.

Sub: School Education – Academic Year 2025-26 –Engagement of Academic Instructors for the post(School Assistant /SGT) to work as Academic Instructors(School Name and Address) for a period of 5 months from _____Date to _____Date - Orders Issued.

Ref 1. Govt Memo. No.3037905/Services.II/A1/2025 SE Dept Dt.01.12.2025.
2. Procs.Rc.No. ESE02-13024/7/2025-EST 3-CSE Date:02-12-2025 of the Director of School Education, Andhra Pradesh.
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In the references 1st and 2nd cited, the Government of Andhra Pradesh has accorded permission to engage Academic Instructors on a temporary basis with an honorarium of ₹12,500/- per month for School Assistants and ₹10,000/- per month for SGTs for a period of five months from 08.12.2025 to 07.05.2026, in accordance with the guidelines issued.

2. In this connection, as per the guidelines issued in the reference 2nd cited, Sri/Smt (Applicant Details) is hereby appointed to the post of (School Assistant / SGT) at (School Name and Address) as approved by the District Level Committee.

3. Accordingly, the Mandal Educational Officer, (Mandal Name) or the Headmaster/Headmistress, (School Name and Address) is requested to admit Sri/Smt (Applicant Details) to work as Academic Instructor (School Assistant/SGT) for the Academic Year 2025-26, purely on a temporary basis, with an honorarium of ₹12,500/- per month for School Assistants / ₹10,000/- per month for SGTs, for a period from December 2025 to April 2026.

4. Further, the Mandal Educational Officer, (Mandal Name) or the Headmaster/Headmistress, (School Name and Address) shall submit the attendance details of Academic Instructors working in their respective Mandal to the APC, Samagra Shiksha Office by the 2nd of every month without fail. Failure to submit the attendance by the stipulated date will result in initiating action against such MEOs.

5. The honorarium of Academic Instructors shall be transferred directly to their bank accounts by the APC, Samagra Shiksha Office every month, based on the attendance submitted by the concerned MEOs.

School Management Committee Chairman
.....(School Name and Address)

To

Sri/Smt.....(Applicant Details)

The Mandal Educational Officer.....(Mandal Name)/ The Headmaster/Headmistress (School Name and Address)

Copy to the Additional Project Coordinator, Samagra Shiksha,.....