

c-17/1

**ANDHRA PRADESH BEVERAGES CORPORATION LIMITED  
AND**

**TELANGANA STATE BEVERAGES CORPORATION LIMITED**

*(An Undertaking of Government of Telangana)*

2<sup>nd</sup> Floor, Proh.& Excise Complex, 9 & 10 Eastern, M. J. Road, Hyderabad-1.  
(email: tsbclpersonnel@gmail.com)

PHONES: 24743437/38  
A2/73/2013/882

FAX: 24743439  
Date: 20-02-2015.

**CIRCULAR - 17**

**Sub:** TSBC/APBCL - A P Reorganisation Act - 2014 - Issuance of Guidelines for final allocation of Employees between APBCL and TSBCL - Exercise of Options by the Allocable Employees - Formats for preferential claim for allotment to a particular Corporation on grounds like spouse being in service, medical grounds - Communicated - Reg.

- Ref:** 1) G.O.Ms.No.187, Revenue (Ex.II) Department, dt.16-05-2014.  
2) G.O.Ms.No.239, Revenue (Ex.II) Department, dt.27-5-2014,  
3) Guidelines for Final Allocation of State Cadre Employees issued vide G.O.Ms.No.312, dt:30-10-2014.  
4) Procs.No.A2/76/2013/19622, Dt:31-05-2014  
5) Procs.No.A2/76/2013/19623, Dt:31-05-2014  
6) This office Cir.No.16/A2/73/2013, dt.18-2-2015.  
7) Circular Memo No.19184/SR I/A1/2014-5, dt.12-02-2015 of Government of Andhra Pradesh, GA(SR)Department.  
8) Circular Memo No.19184/SR I/A1/2014-4, dt.13-02-2015 of Government of Andhra Pradesh, GA(SR)Department.

@@@@

Through this office Circular 6<sup>th</sup> cited, the guidelines for final allocation of Employees between A.P. Beverages Corporation Limited, and Telangana State Beverages Corporation Limited, along with Option format have been communicated to the employees of both the Corporations.

The Government of Andhra Pradesh vide Circular Memoes 7<sup>th</sup> and 8<sup>th</sup> cited, prescribed the declaration documents (supporting documents) in respect of allocable cadre of employees whose spouse is an another State cadre employee, or a local authority employee, or local cadre employee of Government, Widowed Female Employee, Physically Disabled Employee with more than 60% disability, Employee in serious Medical Hardship, Cancer Patients, Coronary Artery Bypass Graft (CABG)/Open Heart Surgery Patients, Chronic Kidney Disease(CKD)/Patients on continuing Dialysis, Patient of the Post Renal(Kidney)Transplantation, and claiming preferential allotment on that ground.

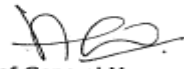
Accordingly, in continuation of the guidelines issued vide this office Circular 6<sup>th</sup> cited, the allocable employees whose spouse is an another State

c-13/12

cadre employee(I), or a local authority employee (II), or local cadre employee of Government(III), Widowed Female Employee(IV), Physically Disabled Employee (V) with more than 60% disability, Employee in serious Medical Hardship(VI), Cancer Patients(VII), Coronary Artery Bypass Graft (CABG)/Open Heart Surgery Patients(VIII), Chronic Kidney Disease(CKD)/Patients on continuing Dialysis(IX), Patient of the Post Renal(Kidney)Transplantation(X), and claiming preferential allotment on that ground are requested to attach a declaration document (supporting documents) as specified in Annexure-I, or Annexure-II, or Annexure-III or Annexure-IV, or Annexure-V, or Annexure-VI, along with concerned Certificates annexed at Annexure-VII, or Annexure-VIII or Annexure-IX, or Annexure-X respectively which are enclosed herewith and submit the same along with the Option form to the General Managers (P&A)/Chief General Manager (Ops) I/c. of the respective Corporations through proper channel.

Encl: Annexure I to X

  
General Manager (P&A) and  
Nodel Officer  
TSBCL.

  
Chief General Manager (Ops) I/c &  
Nodel Officer.  
APBCL.

To

All the employees working at Corporate Offices and IMFL Depots in the States of Telangana and Andhra Pradesh.

All the Chief Managers/Managers of IMFL Depots in the States of Telangana and Andhra Pradesh.

Notice Boards at all IMFL Depots and Corporate Offices of States of Telangana and Andhra Pradesh.

CC: mf/oc.

C-12/13

**ANNEXURE - I**

(As per Govt. Circular memo.No.19184/SR I/A1/2014-4, G.A. (SR) Dept.  
dt.12.02.2015)

**DECLARATION OF EMPLOYEE WHOSE SPOUSE IS AN EMPLOYEE IN STATE  
CADRE IN GOVERNMENT**

I, Smt/Sri..... w/o H/o, Sri.Smt. ....  
working as ..... in the O/o  
..... am seeking preferential allotment to the  
TSBCL/APBCL in terms of paragraph 7 (k) of the Guidelines relating to Allocation  
of Employees issued vide Circular dt.18-02-2015. I hereby declare that my  
husband / wife Sri/Smt. .... is a State Cadre  
Government Employee now working as ..... in the O/o  
..... of ..... Department at ..... that  
he/she is a local candidate in relation to the State of Andhra Pradesh /  
Telangana., that he / she is also seeking allotment to the State of Andhra Pradesh  
/ Telangana and that I may be considered for preferential allotment to the  
TSBCL/APBCL. I submit the local candidate certificate and Service certificate of  
my spouse as proof.

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 Chief  
Manager/Manager at IMfL  
Depots and in case of Corporate Office  
General Manager (P&A)

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

---

C-19/14

**ANNEXURE - II**

(As per Govt. Circular memo.No.19184/SR I/A1/2014-4, G.A. (SR) Dept.  
dt.12.02.2015)

**DECLARATION OF EMPLOYEE WHOSE SPOUSE IS AN EMPLOYEE IN LOCAL  
BODY**

I, Smt/Sri..... w/o H/o, Sri.Smt. ....  
working as ..... in the O/o .....  
of .....Department, am seeking preferential allotment to  
the TSBCL/APBCL in terms of paragraph 7 (k) of the Guidelines relating to  
Allocation of Employees issued vide Circular dt.18-02-2015. I hereby declare that  
my husband / wife Sri/Smt. .... is a local authority  
employee of ..... (specify the name of the authority) now working as  
..... in the O/o ..... of ..... at .....  
and that I am eligible to be considered for preferential allotment to the  
TSBCL/APBCL of choice. I submit the Service Certificate of my spouse as proof of  
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 Local  
Authority .....  
(Along with stamp)

Name of the Local Authority:: .....  
Name of the Head of the office : .....  
Place : .....  
Date: .....

//Attested//

Signature of the District Head of the Controlling department under  
which the Local authority functions: .....

(Along with stamp)

Name: .....  
Designation : .....  
Name of the Office : .....  
Place : .....  
Date: .....

c-12/15

**ANNEXURE - III**

(As per Govt. Circular memo.No.19184/SR I/A1/2014-4, G.A. (SR) Dept.  
dt.12.02.2015)

**DECLARATION OF EMPLOYEE WHOSE SPOUSE IS A LOCAL CADRE  
EMPLOYEE WHO IS DEEMED ALLOTTED AS PER ACT**

I, Smt/Sri..... w/o H/o, Sri.Smt. ....  
working as ..... in the O/o .....  
of .....Department, am seeking preferential allotment to  
the State of Andhra Pradesh/State of Telangana in terms of paragraph 7 (k) of  
the Guidelines relating to Allocation Employees issued vide Circular dt:18-02-  
2015. I hereby declare that my husband / wife Sri/Smt.  
..... is a local cadre employee of the Department of  
..... and deemed allotted to the State of Andhra Pradesh /  
Telangana, and now working as ..... in the O/o  
..... of ..... Department at ..... that he/she is  
a local candidate in relation to the State of Andhra Pradesh / Telangana and that I  
am eligible to be considered for preferential allotment to the State of Andhra  
Pradesh / Telangana. I submit the Service Certificate of my spouse as proof of  
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 District  
Head of the Office .....  
(Along with stamp)

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

C-1216

**ANNEXURE - IV**

(As per Govt. Circular memo.No.19184/SR I/A1/2014-4, G.A. (SR) Dept.  
dt.13.01.2015)

**DECLARATION OF WIDOWED FEMALE EMPLOYEE**

I, Smt. .... w/o Late Sri.....,  
working as ..... in the O/o.....  
..... of ....., am seeking preferential  
allotment to the TSBCL / APBCL in terms of paragraph 7 (l) (i) of the Guidelines  
issued vide Circular dt.18-02-2015 relating to Allocation of 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 Corporation of my choice. I submit the death certificate of my  
husband as proof of 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 Chief  
Manager/Manager at IMFL  
Depots and in case of Corporate Office  
General Manager (P&A)

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

2-12/12

**ANNEXURE - V**

(As per Govt. Circular memo.No.19184/SR I/A1/2014-4, G.A. (SR) Dept.  
dt.13.01.2015)

**DECLARATION OF PHYSICALLY DISABLED EMPLOYEE**

I, Sri/Smt/Ms.....working as ..... in the  
O/o....., am seeking preferential allotment to the  
TSBCL/APBCL in terms of paragraph 7 (I) (II) of the Guidelines issued vide  
Circular dt.18-02-2015, relating to Allocation of 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 Corporation 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 Chief  
Manager/Manager at IMFL  
Depots and in case of Corporate Office  
General Manager (P&A)

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

---

C-17/B

**ANNEXURE - VI**

(As per Govt. Circular memo.No.19184/SR I/A1/2014-4, G.A. (SR) Dept. dt.13.01.2015)

**DECLARATION OF EMPLOYEE IN SERIOUS MEDICAL HARDSHIP**

I, Sri/Smt/Kum..... working as ..... in the O/o....., am seeking preferential allotment to the TSBCL/APBCL in terms of paragraph 7 (I) (iii) of the Guidelines issued vide Circular dt.18-02-2015 relating to Allocation of Employees. I hereby declare that I/my spouse / son / daughter ..... Age ..... is suffering from Cancer, heart disease having under gone 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 Corporation 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 Chief  
Manager/Manager at IMFL  
Depots and in case of Corporate Office  
, General Manager (P&A)

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



C-12/5

**ANNEXURE – VII**

(As per Govt. Circular memo.No.19184/SR I/A1/2014-4, G.A. (SR) Dept.  
dt.13.01.2015)

**MEDICAL CERTIFICATE FOR CANCER PATIENTS**

This is to certify that Sri/Smt/Kum..... H/W/S/D/ of Sri./Smt.  
..... 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:

Signature of Concerned Specialist doctor

Date:

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.

C - 13/10

**ANNEXURE – VIII**

(As per Govt. Circular memo.No.19184/SR I/A1/2014-4, G.A. (SR) Dept.  
dt.13.01.2015)

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

This is to certify that Sri/Smt./Kum..... H/W/S/D/ of Sri./Smt.  
..... Occ. .... in  
O/o..... is suffering from ..... w.e.f  
..... The treatment given is Open heart Surgery / Coronary Artery  
Bypass Grant (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 Medial Certificate.

1. Discharge Summary
2. Detailed Operative notes by concerned surgeon with Registration number of surgeon
3. Operative SCAR on the Sternum / Middle of the Chest of Open Heart Surgery.
4. Latest X –Ray Chest P.A. View with Report.
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.

c-12/11

**ANNEXURE - IX**

(As per Govt. Circular memo.No.19184/SR I/A1/2014-4, G.A. (SR) Dept.  
dt.13.01.2015)

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

This is to certify that Sri/Smt/Kum..... H/W/S/D/ of Sri./Smt.  
..... Occ. .... 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  
treatment is on continuance medical 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 details of treatment / Investigation report etc shall be produced to the  
Nephrologist working in Government Hospitals for verification and attestation of  
the Medical Certificate.

C-12/12

**ANNEXURE - X**

(As per Govt. Circular memo.No.19184/SR I/A1/2014-4, G.A. (SR) Dept.  
dt.13.01.2015)

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

This is to certify that Sri/Smt/Kum..... H/W/S/D/ of Sri./Smt.  
..... Occ. .... 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 Hospital.