

c-17/1

ANDHRA PRADESH BEVERAGES CORPORATION LIMITED

AND

TELANGANA STATE BEVERAGES CORPORATION LIMITED

(An Undertaking of Government of Telangana)

2nd 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 6th 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 7th and 8th 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 6th 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 ofDepartment, 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
ofDepartment, 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.