|  |
| --- |
| ***Original & Duplicate*** **-** Funds Section, Education Bureau  **-** Central Salary Verification Team, Education Bureau (c/o Funds Section) |
| ***Triplicate* -** Respective Regional Education Office [Attn : SSDO( ) ] Education Bureau |
| ***Quadruplicate* -** School’s Record |
| \* Delete whichever is inappropriate |
| □ “✓” as appropriate |

Page 1 of 3

APPOINTMENT OF TEACHING STAFF IN AIDED SPECIAL SCHOOLS

**(PAID OUT OF SALARIES GRANT)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| School Name |  | School Code |  |  |  |  |

*[School’s contact person and tel. no. (for enquiry by EDB in processing this form):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ]*

**Section I** (To be completed by the appointee. Please read the attached Personal Information Collection Statement carefully before completing this Section.)

#### A. Personal Particulars

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name \*Mr/Miss/Mrs/Ms  *(as printed on HK Identity Card)* |  | (in English) |  | (in Chinese) |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| HK Identity Card No. |  |  |  |  |  |  |  |  | ( ) | Date of Birth |  |  |  |  |  |  |  |  |

(*DD/MM/YYYY)*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Valid \*Permitted Teacher Reference/Teacher Registration No. |  |  |  |  |  |  |  |

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tel. No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### B. Appointment Particulars (Use a separate sheet if necessary. For non-local academic qualifications and/or professional training, provide the assessment results and/or other relevant details.)

Academic Qualifications

|  |  |  |  |
| --- | --- | --- | --- |
| College/University/Institute | Certificate/Diploma/Degree obtained | Date of Award  (dd/mm/yyyy) | Major & Minor Subject(s) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Professional Training

|  |  |  |  |
| --- | --- | --- | --- |
| School/College/University/Institute | Certificate/Diploma/Degree obtained | Date of Award  (dd/mm/yyyy) | Course/Subject |
|  |  |  |  |
|  |  |  |  |

Teaching Experience

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| School/Institute | Type#1 | Rank | From  (dd/mm/yyyy) | To  (dd/mm/yyyy) | Full- or Part-time#2 | Source of Funding#3 |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

#1: Please specify, e.g. Aided, Govt, Private, Caput, BPS, DSS…..

#2: If part-time, please state the fraction.

**#**3: Please specify, e.g. Salaries Grant (SG), Quality Education Fund (QEF), Operating Expenses Block Grant (OEBG), Capacity Enhancement Grant (CEG), private …..

No-pay Leave Taken (if any)

|  |  |  |
| --- | --- | --- |
| School/Institute | From (dd/mm/yyyy) | To (dd/mm/yyyy) |
|  |  |  |
|  |  |  |

Reference Information(If the appointee’s last service was with an aided, government, caput or BPS school)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Last Salary | $ | MPS Pt. |  |  | Incremental Date | ***0*** | ***1*** |  |  |

(dd*/mm)*

I confirm that the particulars above are correct and complete, and I have not participated in the Early Retirement Scheme for aided school teachers/ teaching grades staff in Education Bureau (EDB).

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Appointee \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Page 2 of 3

Name of Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section II** (To be completed by the school. Please read the attached Personal Information Collection Statement carefully before completing this Section and ensure that the content of this Section is made known to the teacher.)

**C. Information on Medical and Health Examinations**

□ X-Ray □ Medical Certificate □ Not applicable

**D. Information on Teacher Registration**

* The school has applied to the EDB for the release of the teacher registration information of the appointee.
* The school has not applied to the EDB for the release of the teacher registration information of the appointee.

Reasons: (please specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**E. Source of Vacant Post**

The vacant post arises as a result of

* The \*retirement / resignation / termination of contract of \*Mr/Miss/Mrs/Ms \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (SRN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) with effect from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [dd/mm/yyyy] (appointment fraction: \_\_\_\_\_\_%).
* The \*deployment / secondment of \*Mr/Miss/Mrs/Ms \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (SRN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) for the period from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [dd/mm/yyyy].
* The \*no-pay / paid \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ leave of \*Mr/Miss/Mrs/Ms \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (SRN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) for the period from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [dd/mm/yyyy].
* An increase of post(s) in the staff establishment approved by EDB (appointment fraction: \_\_\_\_\_\_%).
* Others (please specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (appointment fraction: \_\_\_\_\_\_%).

**The Staff Establishment and Strength Table at the Annex indicates that a vacancy is/ vacancies are available for the above appointment.**

**F. Approval Particulars**

\***(i)** The \*School Management Committee / Incorporated Management Committee has approved the filling of the above post on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (File Ref. No. and Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ )#4; or

\***(ii)** The \*School Management Committee / Incorporated Management Committee has approved the filling of the above post by the appointee as \**School Head*/*Promotion Rank Teacher / Temporary NET / R-10 Teacher / Unqualified Teacher / Teacher Above the Age of Sixty Employed on Regular Full-time Basis*. This school has sought **prior approval** from the respective Regional Education Office as shown below -

|  |  |
| --- | --- |
| Approval from EDB (File Ref. No. and Date) |  |

#4: All the necessary procedures for any form of appointment of a teacher should be completed before the effective date, including the approval by the School Management Committee/Incorporated Management Committee. Under normal circumstances, there should be no retrospective effect for the date of appointment, save for the situation that daily-rated supply teachers are converted to monthly-paid temporary teachers.

**G. Employment Terms**

**(i)** □ Primary Section □ Secondary Section

**(ii)** □ Regular Teacher (School Head \****Yes/No***) □ Regular Teacher with Defined Contract Period(#5 Please specify reason(s) for this form of employment of regular teacher:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

□ Temporary Teacher (monthly-paid) □ Temporary Teacher (change from daily-paid to monthly-paid) *[Please refund the amount paid for the daily-paid Supply Teacher to the Recurrent Subventions Section of EDB simultaneously.]*

**(iii)** □ Full-time □ Part-time Subject(s) and classes to teach : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(iv)** □ Native-speaking English Teacher (NET)

#5: The employment of regular teachers with Defined Contract Period must be based on the genuine development need of the school with cogent reasons and endorsement by the School Management Committee / Incorporated Management Committee. Schools will be requested to provide further justifications when necessary.

**H. (i) Subsidized/Grant Schools Provident Fund Particulars**

□ Required to contribute to the Subsidized / Grant Schools Provident Fund.

□ In accordance with Rule 7 of the Subsidized / Grant Schools Provident Fund Rules, the employee opts to contribute to the Provident Fund. [Please remind the teaching staff to submit an Option Form to the respective Regional Education Office.]

**(ii) Mandatory Provident Fund (MPF) Particulars**

□ Required to contribute to the school’s MPF Scheme with the employer’s contribution at 5% of relevant income or prevailing maximum mandatory contribution amount, whichever is the less.

□ Exempt from making contribution to a registered MPF scheme under the MPF Schemes Ordinance.

Page 3 of 3

Name of Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I. Basic Law and National Security Law Test (BLNST) Requirement**

□ The school has confirmed the appointee’s pass result in the BLNST and has checked the supporting document.

□ The school has confirmed that the appointee does not need a pass result in the BLNST. Reasons: (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**J. Salary Particulars**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Rank |  | MPS Pt. |  | Monthly Salary | $ | Fraction  ***(for Part-time/ Fractional Teacher)*** | % |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Effective Date of Appointment/Contract |  |  |  |  |  |  |  |  | End Date of Appointment/ Contract *(if applicable)* |  |  |  |  |  |  |  |  |

(dd*/mm/yyyy)* (dd*/mm/yyyy)*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Salary Bar (MPS Pt.) |  |  | Incremental Date | ***0*** | ***1*** |  |  | Next Increment | ***0*** | ***1*** |  |  |  |  |  |  | Max. Salary (MPS Pt.) |  |  |

*(dd/mm)* (dd*/mm/yyyy)*

I have checked the completeness of Section I and Section II and verified them in accordance with the requirements of the relevant Code of Aid.  **I confirm that the salary assessment in respect of the above staff is correct.** I understand that EDB will not process this form if it contains incomplete information.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name of \*Supervisor/ School Head |  | Signature of \*Supervisor/ School Head |  | Date |  |

[Note: For the appointment of school head, the signatory of Section II should be the supervisor.

For the appointment of other teaching staff, the signatory of Section II should be the school head.]

**Section III**

I confirm the appointment of the teaching staff mentioned in Section I of this form. My school has followed the EDB guidelines for staff recruitment, including the adoption of an open, fair, transparent and competitive appointment system and the measures stipulated in EDB Circular No. 3/2020. In addition, the appointment has been made in accordance with the provisions in the Education Ordinance, the Education Regulations, the Code of Aid and standing circulars and has been approved by the majority of the managers of the school.

I further confirm that the particulars in Sections I and II of this form are correct. If the teacher is employed as a regular teacher with Defined Contract Period, I also confirm that it is based on the reason(s) stated in Part G of Section II of this form, and has been endorsed by the School Management Committee / Incorporated Management Committee of the school.

I undertake that the appointment will not result in having employment in excess of our approved entitlement of teaching staff at any time and my school will promptly terminate the appointment of a temporary teacher upon resumption of duty of the regular teacher. I also undertake that my school shall refund any over payment of Salaries Grant to the EDB.

|  |  |  |
| --- | --- | --- |
| School Chop | Signature of School Supervisor |  |
|  | Name of School Supervisor |  |
|  | Date |  |

Note 1: When making the declaration under Section III in connection with any teacher appointment, supervisors are alerted that according to Section 82 of the Education Ordinance, if a school is found not being managed satisfactorily, the Permanent Secretary for Education may serve a notice to the supervisor/Incorporated Management Committee and every manager of the school concerned. Any person who being the supervisor or a manager of a school without Incorporated Management Committee fails to comply with the directions therein shall be guilty of an offence and shall be liable on conviction to a fine of $250,000 and to imprisonment for two years.

Note 2: According to Section 23 of the Employment Ordinance, wages shall become due on the expiry day of the wage period, and an employer should pay wages to an employee as soon as practicable but in any case not later than 7 days after the end of the wage period. In this connection, schools are advised to forward the completed appointment forms to the EDB not later than 7 days after the effective date of appointment. If the Salaries Grant cannot be paid to the school’s account in time, school should pay the teacher’s salary for that month from other available fund first.

Note 3: EDB will perform pre-processing entitlement checking on each appointment. If the appointment of staff would exceed the approved entitlement of teaching staff of the school on the relevant appointment date, no Salaries Grant with respect to that appointment will be paid to the school until the appointment is confirmed in order.

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **For Education Bureau use only** | | | | | | | | | | | |
| **Funds Section** | | | | | | | | | | | **Central Salary Verification Team** |
| Received on | SRN |  |  |  |  |  |  |  |  | ( ) | To : Funds Section [Attn.: SAO(F)]  With reference to the above appointment, the salary particulars in Para. J are checked and ***\* found in order / amendments are marked for your action***.  Confirmed by : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date : \_\_\_\_\_\_\_\_\_\_\_\_\_ Name & Post : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Action | | | | Initial | | | Date | | |
|  | Pre-Input Jobs Completed | | | |  | | |  | | |
|  | EDBSGS Input Prepared | | | |  | | |  | | |
|  | EDBSGS Input Checked | | | |  | | |  | | |

(revised in September 2023)

Attachment

**Personal Information Collection Statement**

**Purpose of Collection**

1. The personal data provided by you in this form will be used by the EDB for one or more of the following purposes:

(a) Activities relating to the processing, authentication and counter-checking of notification of employment-related matters, payment of Salaries Grant and other government funding, and calculating of provident fund contribution and donation;

(b) Activities relating to matching of the personal data with the database of other relevant Government bureaux / departments in connection with the processing, authentication and counter-checking of the notification mentioned in (a) above;

(c) Activities relating to matching of the personal data within the database of EDB for purposes of verifying / updating records of the EDB;

(d) Activities relating to training and development including invitation of participation in programmes/activities, applications for reimbursement of course fees, assessment of nominations, awards and scholarship, and monitoring of attainment progress;

(e) Activities relating to the processing and vetting of applications for, and disbursement of, funding / grants / subsidies, and conducting of audits;

(f) Activities relating to compilation of statistics, research and Government publications; and

(g) Activities relating to the administration and enforcement of rules and regulations including the Education Ordinance (Cap. 279), its subsidiary legislation (such as the Education Regulations and the Grant/Subsidized Schools Provident Fund Rules) and the Codes of Aid.

1. The provision of personal data required by this form and during the processing of this form is obligatory. In the event that you do not provide those personal data, we may not be able to handle or further process the form.

**Classes of Transferees**

1. The personal data you provide will be made available to persons working in EDB. Apart from this, they may be transferred or disclosed to the parties or in the circumstances listed below:-

(a) other Government bureau and departments for the purposes mentioned in paragraph 1 above;

(b) the school in which the form relates for the purposes mentioned in paragraph 1 above;

(c) where you have given your prescribed consent to such disclosure; and

(d) where such disclosure is authorised or required under the law or court order applicable to Hong Kong.

**Access to Personal Data**

1. You have the right to request access to and correction of your personal data held by EDB. Request for access or correction of personal data should be made in writing to the respective Senior School Development Officer by post to the Regional Education Office at the address on the EDB website (https://www.edb.gov.hk/en/contact-us/reo.html) or email to edbinfo@edb.gov.hk.

Annex

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School**

**Staff Establishment and Strength Table1**

**( \_\_\_\_\_\_\_\_\_\_\_\_ School Year)**

*Approval from EDB on Establishment (File Ref. No. and Date) : and approval letter(s) for other posts, if any (File Ref. No. and Date):*

***Secondary Section***

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | |  |  |  |  |  |  |  |  |  |  |  |
|  | | Head  (Rank) | Deputy  Head  (PGM) | SGM5 | GM5 | PAM | SAM | AM | CM | NET  (Rank) | Grand  Total | Others6 (Please specify the number and rank of teachers) |
|  | | [a] | [b] | [c] | [d] | [e] | [f] | [g] | [h] | [i] | Sum of [a] to [i] |  |
| (i) | Teaching Staff Establishment 2 |  |  |  |  |  |  |  |  |  |  |  |
| (ii) | Strength as at **\_\_/\_\_/\_\_\_\_** (before this appointment) 3 |  |  |  |  |  |  |  |  |  |  |  |
| (iii) | No. of posts frozen/encashed 4 |  |  |  |  |  |  |  |  |  |  |  |
| (the frozen/encashed period) |  | ( ) | ( ) | ( ) |  |  |  |  |  |  |  |
| (iv) | Vacancies before this appointment [(i)-(ii)-(iii)] |  |  |  |  |  |  |  |  |  |  |  |
| (v) | Total no. of teacher(s) appointed at this time [in this batch] |  |  |  |  |  |  |  |  |  |  |  |
| (vi) | Vacancies after this appointment [(iv)-(v)] |  |  |  |  |  |  |  |  |  |  |  |

***Primary Section***

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | Head  (Rank)  (if appropriate) | Deputy  Head  (SPSM) | PSM5 | APSM5 | AM | CM | PSM(CD)/ APSM(CD) | NET  (Rank) | Grand Total | Others6 (Please specify the number and rank of teachers) |
|  |  | [a] | [b] | [c] | [d] | [e] | [f] | [g] | [h] | Sum of  [a] to [h] |  |
| (i) | Teaching Staff Establishment 2 |  |  |  |  |  |  |  |  |  |  |
| (ii) | Strength as at **\_\_/\_\_/\_\_\_\_**(before this appointment) 3 |  |  |  |  |  |  |  |  |  |  |
| (iii) | No. of posts frozen/encashed4 |  |  |  |  |  |  |  |  |  |  |
| (the frozen/encashed period) |  | ( ) | ( ) | ( ) |  |  |  |  |  |  |
| (iv) | Vacancies before this appointment [(i)-(ii)-(iii)] |  |  |  |  |  |  |  |  |  |  |
| (v) | Total no. of teacher(s) appointed at this time [in this batch] |  |  |  |  |  |  |  |  |  |  |
| (vi) | Vacancies after this appointment [(iv)-(v)] |  |  |  |  |  |  |  |  |  |  |

Notes:

1. Schools are required to complete the staff establishment and strength table for every new appointment. For appointment of 2 or more teachers on the same effective date, please fill in all the information in the same table and send in the relevant appointment forms in one batch. Schools may refer to the worked example on the homepage of Education Bureau (EDB) when completing the table.
2. “Teaching Staff Establishment” includes all regular teaching posts approved in the teaching staff establishment and paid out of Salaries Grant. The “Fractional GM/APSM Post” should be included in the GM/APSM establishment.
3. “Strength (before this appointment)” includes all posts filled in the staff establishment but excludes the teachers appointed at this time [in this batch] and teachers under the column “Others”. Please indicate the effective date of the new appointment(s) and the strength as at that date.
4. “No. of posts frozen/encashed” includes temporarily and/ or permanently frozen posts for claiming Teacher Relief Grant/Substitute Teacher Grant/encashment of Fractional GM/APSM Post for claiming Fractional Post Cash Grant/Others (if any). Please also provide “the frozen/encashed period” in “dd/mm/yyyy” format, e.g. “01/09/2019 – 31/08/2020”, or enter “permanent” if the post is permanently frozen.
5. Additional teaching posts in column [i] are not included in the number of SGM and GM posts in columns [c] and [d] of secondary section; while additional teaching posts in columns [g] and [h] are not included in the number of PSM and APSM posts in columns [c] and [d] of primary section.
6. Schools are required to report all other additional posts not under the approved establishment but paid out of Salaries Grant under the column “Others”, if any. For example, teaching posts provided to the Hospital Schools for the Home-bound Teaching Programme, etc.