ANNEXURE -V

[to G.O. Ms No.129, G.A.(SPF & MC)Dept., Dated:17.07.2026]

Format of representation aggrieved by order of allotment

To

The Secretary to the Government
-------Department, AP Secretariat,
Velagapudi, Amaravati, Guntur district

Sir/Madam,

Sub: Allotment of persons and organized into local cadres as per the Andhra Pradesh Public Employment (Organisation of Local Cadres and Regulation of Direct Recruitment) Order, 2025 –Representation requesting for allotment to new local cadre-Reg.

Ref: 1. G.O.Ms.No.45, GA(SPF & MC)Dept., dated 20.04.2026 published in the Andhra Pradesh Gazette, Part-I Extraordinary No-197, Amaravati, dated:20.04.2026.
2. G.O.Ms.No.129, GA(SPF&MC)Dept., dated:17.07.2026.
3. Allotment order------CFMS ID -----/2026, dated ---2026 issued by ------ office- Department.
4. Admitted to duty and posting orders No vide ---------- dated--- issued by ---------- (Indicate the authority by designation with address)

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In the reference -----cited, orders were issued allotting me to the local cadre of --------(-----District/Zone-I, II, III, IV, V, VI/ Multi-zone-I/II under subparagraph (1) of para 4 of the Public Employment (Organisation of Local Cadres and Regulation of Direct Recruitment) Order, 2025, in the reference -=---last cited, I have joined duty in the allotted cadre.

Aggrieved by the above allotment order, I hereby submit representation along with grounds mentioned below for change of my allotment of local cadre from ------ to ------local cadre..-----

Sl	Name of the Govt servant	
1	Designation	
2	Employees CFMS ID	
3	Mobile No with whatsApp	
4	Valid e-mail ID	

5	Erstwhile local cadre	
6	Allotted new local cadre	
7	Allotment order No and date	
8	Name of the Secretariat Department	
9	Name of the Head of the Department	
10	Name of the district allotted.	
11	Request for revision of allotment to local cadre	
12	Reasons/grounds for appeal against allotment order.	(i) (ii) (iii)

Signature of the Government Employee (Applicant)
Designation, Office address, e-mail ID, Mobile Phone number
Date:

Copy to:
The Member Convener,
Implementation committee concerned.

(Full Address)