ANNEXURE-II

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

Format for Option Form (OF)

Option Form (OF) for Government Servants for submission of information required for allotment to local cadres under paragraph 4 of the A.P. Public Employment (Organisation of Local Cadres and Regulation of Direct Recruitment) Order, 2025.

1	Name of the Government Servant	
2	Designation	
3	Employee CFMS ID	
4	Name of the Department	
5	Name of the place/office, district where the employee is presently working	
6	Employee Mobile phone number having whatsApp	
7	Valid e-mail ID:	
8	Gender (Male/Female)	
9	Date of Birth and age	
10	Date of entry into Government service	
11	Date of joining of the post in the present local cadre	
12	Social Reservation category(SC-Group-I/ SC-Group-II/ SC-Group-III)/ Schedule Tribe	
13	Employees to indicate their options for allotment to new local cadre. Order of preference for erstwhile local cadre or new local cadre i.e. district, contiguous districts, zone, contiguous zone and multi-zone **Note:-** The persons holding posts in the erstwhile District Cadre may be given option to indicate their order of preference for allotment to:— (i) the local cadre of the residuary erstwhile district; (ii) the local cadre of a newly formed district constituted wholly out of the area of the	1)First Preference:- 2) Second Preference:- 3) Third Preference:-

	erstwhile district; or (iii) the local cadre of a neighbouring newly formed district to which any part of the area of the erstwhile district has been formed, to the extent of posts located in such area.	
14	(a) Do you belong to any Preferential Category under point 4.2/4.4 in Appendix to G.O.Ms.No.129, GA(SPF & MC)Dept., dated:17.07.2026. If yes, indicate preferential category.	
	(b) Whether supporting documents with reference to claim under item (a) above are attached? (Yes/No)	

Note: The Mobile Phone Number and e-mail ID furnished by the applicant shall be kept active and in working condition to receive communications from the competent authorities until completion of the process of allotment of persons under these Guidelines.

AFFIRMATION

I solemnly affirm that the particulars above are true to the best of my knowledge and belief.

Date: .07.2026.
Place:

(**Signature of the employee**)