

As per Service Register and Application to be Audit verified for each employee

Note: * All fields are mandatory

COMPUTERISATION OF EMPLOYEE DETAILS

**Photo to be
attested**

I. APPOINTMENT DETAILS

EMPLOYEE NUMBER :
EMPLOYEE NAME :
FATHER / MOTHER / HUSBAND NAME :
DATE OF BIRTH :
SEX : MALE / FEMALE
MARTIAL STATUS :MARRIED / UNMARRIED

IDENTIFICATION

MARKS 1 :
MARKS 2 :
PERMANENT ADDRESS :
NATIVE PLACE : DISTRICT:
RELIGION :
CASTE : OC / BC /SC / ST
SUB CASTE :A/B / C / D / E /F
CASTE NAME :
HANDICAPPED : YES /NO (%AGE OF HANDICAPPED)

QUALIFICATION

EDUCATION : PASSED (MONTH/YEAR):
TECHNICAL : PASSED (MONTH/YEAR):
DEPARTMENTAL TEST : PASSED (MONTH/YEAR):
MOTHER TONGUE :
APPOINTMENT TYPE : REGULAR / TEMPORARY / DEPUTATION
APPOINTMENT DATE :
APPOINTED BY :
DATE OF JOINING :
INITIALLY APPOINT AS :
PROBATION DATE :
PROCEEDING NO. :
REGULARISATION DATE :
PROCEEDING NO. :

II. CURRENT DETAILS**PRESENTLY WORKING PLACE**

HO/ZONE :
 DEPARATMENT/CIRCLE :
 SECTION :
 WARD :
 UNIT :
 DESIGNATION :
 PRESENT ADDRESS :

 RESIDENT TEL. NO/ MOBILE NO :
 PAY TYPE :ORDINARY/SPECTALGRADE(SPP1/SAP1/SPP2/SAPII)
 PAY GRADE :
 PAY SCALE :
 PAY PROCEEDING NO :
 BASIC PAY :
 DATE OF MONTH OF INCREMENT :
 GPF NO. :
 APGLI NO. :
 APGIS NO. :
 CPS NO :
 EPF .NO. :
 AADHAR CARD NO. :
 PAN NO. :
 BLOOD GROUP :

FAMILY DETAILS:

S.NO.	NAME	RELATION	DOB	MARTIAL STATUS	WORKING STATUS

NOMINEE DETAILES

S.NO.	NAME	RELATION	DOB	MARTIAL STATUS	WORKING STATUS

SIGNATURE OF THE STAFF
DATE:

SIGNATURE OF THE DRAWING OFFICER
DATE:

ISSUE OF IDENTITY CARD

NAME :

EMPLOYEE NO. :

DESIGNATION :

DATE OF BIRTH :

CONTACT NUMBER :

DEPARTMENT :

DATE OF JOINING :

DATE OF RETIREMENT :

OFFICE ADDRESS :

RESIDENTIAL ADDRESS :



CANDIDATE SIGN.

**SIGNATURE OF HEAD
OF THE DEPT. WITH SEAL**