

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

Note: All fields are mandatory

COMPUTERIZATION OF EMPLOYEE DETAILS



I. APPOINTMENT DETAILS

EMPLOYEE NUMBER :
EMPLOYEE NAME :
FATHER/MOTHER/HUSBAND NAME :
DATE OF BIRTH :
HEIGHT :
BLOOD GROUP :
SEX : MALE / FEMALE
MARITAL STATUS : MARRIED / UNMARRIED

IDENTIFICATION

MARKS 1 :
MARKS 2 :
RELIGION :
CASTE : OC / BC / SC / ST
SUB_CASTE : A / B / C / D / E / F
CASTE_NAME :
HANDICAPPED : YES / NO (% AGE OF HANDICAPPED)

QUALIFICATION

EDUCATIONAL : 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 :
DATE OF RETIREMENT :
INITIALLY APPOINT AS :
PROBATION DATE :
PROCEEDING NO. :
REGULARIZATION DATE :
PROCEEDING NO. :

II. CURRENT DETAILS

PRESENTLY WORKING PLACE

HO/ZONE :
DEPARTMENT / CIRCLE :
SECTION :
WARD :
UNIT :
DESIGNATION :

PRESENT ADDRESS

H.NO./FLAT NO./PLOT NO: STREET :
LAND MARK: LOCALITY :
COUNTRY: STATE:
DISTRICT: MANDAL:
VILLAGE/TOWN/CITY: PINCODE :

PERMENANT ADDRESS

SAME AS ABOVE DETAILS

H.NO./FLAT NO./PLOT NO : STREET :
LAND MARK : LOCALITY :
COUNTRY : STATE :
DISTRICT : MANDAL :
VILLAGE/TOWN/CITY : PINCODE :

EMAIL ID :

RESIDENTIAL TEL_NO./ MOBILE NO :

PAY_TYPE : ORDINARY/SPECIAL GRADE(SPP1/SAP1/SPP2/SAPII)
PAY GRADE :
PAY SCALE :
PAY PROCEEDING NO :

BASIC PAY :

DATE OF MONTH OF INCREMENT :
GPF NO. :
TSGLI NO. :
TSGIS NO. :
CPS NO :
EPF.NO. :
AADHAR CARD NO. :
PAN NO. :
BANK ACCOUNT NUMBER :
IFSC CODE :
PASSPORT NO. :

FAMILY DETAILS:

S.NO	NAME	RELATION	AGE	MARITAL STATUS	WORKING STATUS	DOB

NOMINEE DETAILS:

S.NO.	NAME	RELATION	AGE	MARITAL STATUS	WORKING STATUS

SIGNATURE OF THE STAFF

SIGNATURE OF THE
DRAWING OFFICER

SIGNATURE OF THE
EXAMINAR ACCOUNTS

DATE:

DATE:

DATE:

**ISSUE OF IDENTITY
CARD**



NAME :
EMPLOYEE NO. :
DESIGNATION :
DATE OF BIRTH :
DEPARTMENT :
PHONE NO. :
DATE OF JOINING :
DATE OF RETIREMENT :
OFFICE ADDRESS :
RESIDENTIAL ADDRESS :

CANDIDATE SIGN.

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