

# Form 1: Employee Personal Information

Name of Department: \_\_\_\_\_

---

## **Employee Personal Information**

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

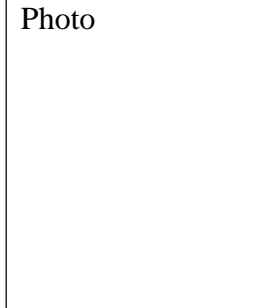
Date of Birth: \_\_\_\_\_

Father/Mother/husband Name: \_\_\_\_\_

**Gender:** male/ female

**Martial Status:** \_\_\_\_\_

**Identity Mark:** \_\_\_\_\_



### **\*\*Mark the attached documents**

Medical Fitness       Character Certificate

Height (in cms): \_\_\_\_\_

Caste: \_\_\_\_\_

Category: \_\_\_\_\_

Religion: \_\_\_\_\_

Blood Group: \_\_\_\_\_

Home State: \_\_\_\_\_

Home District: \_\_\_\_\_

Home Office Type: \_\_\_\_\_

Home Office Name: \_\_\_\_\_

LTC Home Town: \_\_\_\_\_

Nearest Railway St.: \_\_\_\_\_

Remarks (if any) \_\_\_\_\_

### **Employee office Details:**

Current Designation: \_\_\_\_\_

Current Office: \_\_\_\_\_

Current Cadre: \_\_\_\_\_

## Form 2: Employee Address Information

Name of Department: \_\_\_\_\_

---

### **Present Address Detail**

Present Address \_\_\_\_\_

State \_\_\_\_\_

District \_\_\_\_\_

Block \_\_\_\_\_

Panchayat \_\_\_\_\_

Pin Code \_\_\_\_\_

Phone Number \_\_\_\_\_

E-mail (if any) \_\_\_\_\_

Mobile Number \_\_\_\_\_

---

### **Permanent Address Detail**

Permanent Address \_\_\_\_\_

State \_\_\_\_\_

District \_\_\_\_\_

Block \_\_\_\_\_

Panchayat \_\_\_\_\_

Pin Code \_\_\_\_\_

Phone Number \_\_\_\_\_

### **Form 3: Employee Professional Information**

Name of Department: \_\_\_\_\_

---

#### **Joining Details**

Date of Appointment: \_\_\_\_\_

Order Number: \_\_\_\_\_

Office name at the time of initial joining in Deptt. : \_\_\_\_\_

Date of Joining in the Deptt.: \_\_\_\_\_

Initial Designation: \_\_\_\_\_

Mode of Recruitment: \_\_\_\_\_

Class: \_\_\_\_\_

Employee Type: \_\_\_\_\_

Gazetted/ Non-Gazetted

---

#### **Salary Details - (At the time of Initial Joining)**

Basic Pay: Rs. \_\_\_\_\_

Date of Retirement: \_\_\_\_\_

Aadhar Card \_\_\_\_\_

E-salary Code: \_\_\_\_\_

Pan Card \_\_\_\_\_

## Form 4: Employee Education Information

Name of Department: \_\_\_\_\_

### ❖ Education Detail

#### *Basic*

Education	Name of Board/ University	Marks Obtained (In %)	Passing Year	Stream	Grade

#### *Technical*

Education	Name of Board/ University	Marks Obtained (In %)	Passing Year	Stream	Grade

#### *Professional*

Education	Name of Board/ University	Marks Obtained (In %)	Passing Year	Stream	Grade

### ❖ Training Details

#### *In India*

Training Type	Topic Name	Name of the Institute	Sponsored by	Date From	Date To

#### *Abroad*

Training Type	Topic Name	Name of the Institute	Sponsored by	Date From	Date To



## Form 6: Employee Loan Details

Name of Department: \_\_\_\_\_

---

### Loan Details

Loan Type	Loan A/C No.	Letter No.	Sanction Date	Sanction Amount	Return Date	Remark

## Form 7: Employee Service History

Name of Department: \_\_\_\_\_

---

### Service History

Sr.No.	Transaction Type	To office	To Which Post	Class	Order Number	Order Date	Date of Increment	Pay Scale	Name of the other Department in case of Deputation	Area Type (Hard/Tribal/ Sub-Cader/None)

Remarks (if any)



## Form 9: Employee Departmental Proceeding

Name of Department: \_\_\_\_\_

---

### Proceeding Detail

File Number: \_\_\_\_\_

File Date: \_\_\_\_\_

Office where posted at the time of charges: \_\_\_\_\_

Designation: \_\_\_\_\_

Proceeding Under Rule \_\_\_\_\_

Date of Suspension: \_\_\_\_\_

Date of Revocation: \_\_\_\_\_

Proceeding: \_\_\_\_\_

### Charges Details

Type of Charge: \_\_\_\_\_

Charge Sheet No.: \_\_\_\_\_

Date of Appointing Inquiry Officer \_\_\_\_\_

Name of the Inquiry Officer: \_\_\_\_\_

Date of Appointment of Presenting Officer \_\_\_\_\_

Name of the Presenting Officer: \_\_\_\_\_

Designation of Appointing officer \_\_\_\_\_

Designation of the Presenting Officer \_\_\_\_\_

### Case Status

Case Status: \_\_\_\_\_

Date of Decision: \_\_\_\_\_

Penalty/ Exonerated: \_\_\_\_\_

Date of Penalty: \_\_\_\_\_

Appeal by officer: YES/NO

Appellate Authority: \_\_\_\_\_

Date of Implementation: \_\_\_\_\_

Brief detail of the case decision: \_\_\_\_\_



## Form 11: Employee Nomination Details

Name of Department: \_\_\_\_\_

---

### **Nomination Details**

Name of the Nominee: \_\_\_\_\_

Relation with the employee: \_\_\_\_\_ Type of Nomination: \_\_\_\_\_

Nomination %age: \_\_\_\_\_%

---

### **Nominee Address Detail**

Present Address: \_\_\_\_\_

State: \_\_\_\_\_

District: \_\_\_\_\_

Block: \_\_\_\_\_

Panchayat: \_\_\_\_\_

Pin Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

