# Form 1: Employee Personal Information

## Name of Department: _____

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## Employee Personal Information

First Name: _____

Middle Name: _____

Last Name: _____

Date of Birth: _____

Photo

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: _____

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## <u>Present Address Detail</u>

Present Address_____

State_____          District _____

Block_____          Panchayat_____

Pin Code _____          Phone Number_____

E-mail (if any) _____          Mobile Number _____

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## <u>Permanent Address Detail</u>

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: _____

Deduction Type: GPF / CPS        GPF/CPS Number: _____

GIS Member: YES / NO        E-salary Code: _____

# Form 4: Employee Education Information

## Name of Department: _____

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### ❖ **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 5: Employee Family Information

## Name of Department:_____

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## **Family Details**

| Family Member Name | Relation | Date of Birth | Dependent (Yes/No) | Whether Employed (State/centre /unemployed) | Whether in Same Deptt. (Yes/No) | Employee Code (If in the same deptt.) | Name of department (If other then Same Deptt.) | Member E-salary Code |
|---|---|---|---|---|---|---|---|---|
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# 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: Empolyee 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) |
|---|---|---|---|---|---|---|---|---|---|---|
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |  |  |  |

**Remarks (if any)**

# Form 8: Employee Leave Detail

Name of Department: _____

## Employee Leave Detail

| Type of Action | | Leave Type | From Date | To Date | Reason | Station Leave | | Availing LTC | | Desig. of the Sanctioning Authority | Remark | Balance Till Date | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Apply | Cancel | | | | | Yes | No | Yes | No | | | Yes | No |
| | | | | | | | | | | | | | |
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# Form 9: Employee Departmental Proceeding

## Name of Department: _____

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## 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 10: Employee Old History

Name of Department: _____

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## Old Service History

| Name of the office | Designation | Date of Joining | Order Number | Total Service (In months) | Total Service in | | | Balance of | | Remark |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | Hard Area | Tribal Area | Sub-Cader | Earned Leave | Half pay leave | |
| | | | | | | | | | | |
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# Form 11: Employee Nomination Details

Name of Department: _____

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## 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: _____

# Form 12: Employee ACR Details

Name of Department: _____

## ACR Details

| ACR Submitted by (Name of the Officer) | Assessment Year | Assest & Liabilities | | Assessment Period | | Remarks (if any) |
|---|---|---|---|---|---|---|
| | | Filed | Not Filed | From Date | To Date | |
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