

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: _____

Photo

