

DEPARTMENT OF SCHOOL EDUCATION
GOVT. OF WEST BENGAL
Primary Teachers Information Details

SCHOOL DETAILS

*1. Name of School:

*2. U-DISE:

PRIMARY DETAILS

*3. Name: First Middle Last

*4. Date of Birth: D D M M Y Y Y Y *5. Retirement Date: D D M M Y Y Y Y

*6. Gender: [put √ mark] Male ☐ Female ☐

*7. Caste: [put √ mark] General ☐ SC ☐ ST ☐ OBC ☐ OBC-A ☐ OBC-B ☐

*8. Designation: (put √ mark on appropriate box): HT ☐ AT ☐ TIC ☐ MATRON ☐

*9. Joining Date (Present School): D D M M Y Y Y Y

*10. Joining Date (Present Post): D D M M Y Y Y Y

*11. First Joining Date (in this service): D D M M Y Y Y Y

*12. Educational Qualification: (put √ mark on appropriate box):

Below Secondary ☐ Secondary ☐ Higher Secondary ☐ Graduate ☐ Hons. Graduate ☐

Post Graduate ☐ M.Phil ☐ Ph.D ☐ Others ☐

13. Appointment letter Memo No. & Date: D D M M Y Y Y Y

*14. Employee Group: GR-C ☐ GR-D ☐

*15. Voter ID:

*16. Pay Band: PB2 ☐ PB3 ☐ *17. Pay Scale: 5400-25200 ☐ 7100-37600 ☐

*18. Pay in pay band: (as per latest record)

*19. Grade Pay: 1700 ☐ 1800 ☐ 2300 ☐ 2600 ☐ 2800 ☐ 2900 ☐ 3100 ☐ 3600 ☐

*20. Basic Pay: LEVEL: CELL:

21. Category Of Teacher: A ☐ B ☐ C ☐

*22. Bank Name:

23. Branch Name:

24. Branch code:

*25. Account No:

*26. Bank IFSC code:

27. MICR code:

PERSONAL DETAILS

	First	Middle	Last
*1. Father's Name:	<input type="text"/>	<input type="text"/>	<input type="text"/>
*2. Mother's Name:	<input type="text"/>	<input type="text"/>	<input type="text"/>
*3. Religion: [put ✓ mark on appropriate box]			
Hindu <input type="checkbox"/> Christian <input type="checkbox"/> Buddhist <input type="checkbox"/> Jain <input type="checkbox"/> Islam <input type="checkbox"/> Parsi <input type="checkbox"/> Others <input type="checkbox"/>			
*4. Mother Tongue: [put ✓ mark on appropriate box]			
Bengali <input type="checkbox"/> English <input type="checkbox"/> Hindi <input type="checkbox"/> Nepali <input type="checkbox"/> Santali <input type="checkbox"/> Urdu <input type="checkbox"/> Others <input type="checkbox"/>			
*5. If Married Status: [Put ✓ mark] Yes <input type="checkbox"/> No <input type="checkbox"/> (If Yes, then please fill Spouse details)			
*a. Spouse Name:	<input type="text"/>	<input type="text"/>	<input type="text"/>
*b. Whether spouse is employed: [put ✓ mark] Yes <input type="checkbox"/> No <input type="checkbox"/>			
*c. If Yes, details of employment: <input type="text"/>			
*d. Spouse's pay and HRA: <input type="text"/>			
*e. Spouse opted for enrollment in West Bengal Health Scheme: [put ✓ mark] Yes <input type="checkbox"/> No <input type="checkbox"/>			
*6. Residential Status: [put ✓ mark on appropriate box]			
Govt. Housing <input type="checkbox"/> Private Rental <input type="checkbox"/> Own House <input type="checkbox"/> Spouse House <input type="checkbox"/> Relative House <input type="checkbox"/>			
If Govt. Housing, Housing Scheme Name: <input type="text"/>			
7. PAN No:	<input type="text"/>		
8. Aadhar ID	<input type="text"/>		
9. Assembly Constituency No:	<input type="text"/>		
10. Assembly Part No:	<input type="text"/>		
11. Voter Sl. No. In part:	<input type="text"/>		
12. Blood Group: [put ✓ mark on appropriate box]			
A+ <input type="checkbox"/> A- <input type="checkbox"/> B+ <input type="checkbox"/> B- <input type="checkbox"/> AB+ <input type="checkbox"/> AB- <input type="checkbox"/> O- <input type="checkbox"/> O+ <input type="checkbox"/>			
13. Whether Differently Able: [put ✓ mark] Yes <input type="checkbox"/> No <input type="checkbox"/>			
* If Yes, state details: <input type="text"/>			
*14 Whether Enrolled Under Swastha Sathi Scheme: [put ✓ mark] Yes <input type="checkbox"/> No <input type="checkbox"/>			
*15. Height (in inches): <input type="text"/>			
16. Identification Mark: <input type="text"/>			

CONTACT DETAILS

*1. Present Address:

State: [put \checkmark mark]

West Bengal ☐

Others ☐

House No.						
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[illegible][illegible][illegible]

District: _____

[illegible][illegible][illegible]

Panchayet:

Pin:

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*2. Whether permanent address is equal to present address?(Put ✓ mark): Yes ☐ No ☐

State: [put $\sqrt{}$ mark]

West Bengal ☐

Others ☐

House No.						
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[illegible][illegible][illegible][illegible]

Block/ Municipality:

[illegible][illegible]

Panchayet:

Pin:

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3. Contact Details:

[illegible][illegible][illegible]

PROFESSIONAL DETAILS

1. Professional Qualification: [put ✓ mark on appropriate box]

D.Ed ☐ D.El.ED ☐ PTTI ☐ J.B.T. OR EQUIVALENT ☐ BT ☐ PGBT ☐ B.ED ☐ Spl B.ED ☐

2. Year of possessing Professional Qualification:

3. Details of previous employment (if any):

1) District Name:

Circle:

Name of the School:

Designation:

Qualification:

Period of Service:

D D M M Y Y Y Y

From Date:

To Date:

D D M M Y Y Y Y

Transfer Memo No.

Transfer Memo No. Date:

D D M M Y Y Y Y

2) District Name: Circle:

Name of the School:

Designation:

Qualification:

Period of Service:

D D M M Y Y Y Y

From Date:

To Date:

D D M M Y Y Y Y

Transfer Memo No.

Transfer Memo No. Date:

D D M M Y Y Y Y

3) District Name: Circle:

Name of the School:

Designation:

Qualification:

Period of Service:

D D M M Y Y Y Y

From Date:

To Date:

D D M M Y Y Y Y

Transfer Memo No.

Transfer Memo No. Date:

D D M M Y Y Y Y

*4. Opted under DCRB Scheme: (Put ✓ mark)

Yes ☐

No ☐

*5. If yes, Option Exercised under: (Put ✓ mark)

Pension Scheme existing prior to 01.04.1981 ☐

CPF with Gratuity ☐

Pension, Family Pension with Gratuity ☐

*4. If opted under Post 1981: (Put ✓ mark) Yes ☐ No ☐

*Date of refund of employer's share of CPF to the Govt. Treasury:

D	D				M	M				Y	Y	Y	Y
				/				/					

*Name of Treasury:

*Amount Refunded:

*5. Whether any Court Case filed by the employee in connection with his/her service is pending before the

Hon'ble Court: (Put ✓ mark): Yes ☐ No ☐

If Yes, Case No:

Year:

Y	Y	Y	Y

Related with:

HT/TIC's Signature with date

Signature of the teacher with date

Signature of the Circle SI with date

Profile uploaded by

Uploaded on (date) _____

Instruction Sheet for filling up of form

To be filled up by concerned teacher

- (a) All the fields to be filled up by black ball point pen in English only in Block Letters.
- (b) Please fill up all the fields. (*) marked fields are mandatory.
- (c) Please put one Character/ Letter/ Number in one box.
- (d) Please put correct U-DISE school code (11 digits) at field no "2" under SCHOOL DETAILS.
- (e) Tick (✓) mark should be put in the appropriate box from among the various options.