





KHADKI CANTONMENT BOARD

17, Field Marshall, Cariappa Road, Khadki,
Pune, Maharashtra 411003

Employee Name	MR WILLIAM F JACOB	Employee ID	198005008	Employee Photo & Signature 
Date of Birth	1958-11-12	Department	Office	
Designation	CHIEF ACCTT	Joining Date	1980-05-20	
Gender	Male	Mother Name		
Father/Husband Name	F JACOB	Email Id		
Mother Tounge		Caste		
Category		Current Status		

General Information:

Religion		Date of Next Increment		Employee Palm & Thumb 
Blood Group		State Insurance (SI No)		
Ex-Service Man		Status Order No & Date		
Marital Status		Status Effective Date		
Landline (O)		Language Know (Indian)		
		Mobile (O)		



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Departmental Test Passed		Cooperative Number	
Nomination Done or Not		Cumulative Term Deposit(CTD) Account Number	
Contributory Provident Fund(CPF)		Annual Medical CheckUp	
		Critical Illness	
Group Insurance (GI) Policy Number		Leave Travel Concession(LTC) Availed	
Postal Insurance (PI) Policy Number		Block Year for LTC	
General Insurance Scheme (GIS)		Home travel Concession(HTC) Availed	
Block Year for HTC		Identification Mark	
Uniform Granted /Month and Year of above			

S.No	Designation	Order No. Order Date	Order Issuing Authority	Merit No/Yr	Type of selection RPSC (Year)	Service Quota Service Classification	Service Cadre	Join. Office/Training Insti.	Join Date Relieve dt.	Pay Scale (join)	Dt of regular serv. Confirmation	Parent Dept Confirmation Order No.



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Transfers:

S.No	Transfer Type	Office	Desingnation	Join. Order No Join. Date	Transfer Order No Date	Relieving Order No Date

Educational Details:

S.No	Level	Degree/Diploma	Subject	University	Year of Passin	During Service	Technical or Special

Address:

Present		Permanent	
Address		Address	
State		State	
District		District	
Tehsile / Village		Tehsil / Village	
Police Station		Police Station	
Pin Code		Pin Code	
Beat		Beat	



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Nominee Details:

S.No	Nominee For	Nominee Name	Relation	Date of Nomination	Percentage

Award/ Reward / Medal – None:

S.No	DE initiated Under Rule De whether Under Rule	Suspended Order no. Order date	DE Initiated By	Decision By DA	Appeal Preferred Dt. of Preferring Appeal	Appealate Authority Appeal Order no. Appeal Order dt.	Review Petition	Decision

Leave Sanction :

S.No	Type of Leave	Order No	Order Date	From	To	Total Days

Leave Balance

S.No	PL/EL	HPL	As on Date