## Form 1: Employee Personal Information

### Name of Department:

**Employee Personal Information**

First Name:

Photo

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:

Deduction Type: GPF / CPS GPF/CPS Number:

GIS Member: YES / NO E-salary Code:

## Form 4: Employee Education Information

### Name of Department:

* **Education Detail**

|  |
| --- |
| ***Basic*** |
| **Education** | **Name of Board/ University** | **Marks Obtained (In %)** | **Passing Year** | **Stream** | **Grade** |
|  |  |  |  |  |  |
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|  |
| --- |
| ***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** |
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|  |
| --- |
| ***Abroad*** |
| **Training Type** | **Topic Name** | **Name of the Institute** | **Sponsored by** | **Date From** | **Date To** |
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|  |  |  |  |  |  |

**Form 5: Employee Family Information**

Name of Department:

**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** |
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**Form 7: Empolyee Service History**

Name of Department:

**Service History**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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:

**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:

**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:

**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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