

**FORM 'B' EMPLOYEE DETAILS FOR REGISTRATION [CONTRACTUAL EMPLOYEES]**

	Title	First Name	Middle Name	Last Name
Employee Name*	<input type="text"/> (MR/MRS/MISS/DR)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Employee Name (Hindi)*		First Name	Middle Name	Last Name
		<input type="text"/>	<input type="text"/>	<input type="text"/>
Father <input type="checkbox"/> Husband <input type="checkbox"/> Mother <input type="checkbox"/> *		First Name	Middle Name	Last Name
		<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth (dd/mm/yyyy)*		<input type="text"/>	PAN No.	<input type="text"/>
Aadhar No.		<input type="text"/>		
Employee Type*		<input type="text"/>	(Hint: Regular/Contractual/ Deputation)	
Nationality*		<input type="text"/>		

I hereby declare that the personal information furnished above are true to the best of my knowledge and I am solely responsible for any misinformation and misrepresentation of facts in the Form

Employee's Signature/Date

Countersigned by Head of the Department/Section In-charge

Signature of Verifying Officer/Date

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State\*  District\*  PIN\*

Present Address\*

Email ID  Mobile No.\*

Current Posting Department\*

Office State\*  Office District\*  Office Level\*

(e.g. Department/Directorate/Division/District/Block)

Current Posting Office\*  Department / Programme Name

(Hint: Blindness, Immunization, Orthopaedics etc.)

Current Designation\*

Mode of Recruitment\*  (Hint: Direct /BPSC/ BSSC/ SHSB/ DHS)

Date of Joining (Current Posting)\*

Current Class/Grade\*   
(Not Applicable for Contractual Employees)

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Employee's Signature/Date                      Countersigned by Head of the Department/Section In-charge                      Signature of Verifying Officer/Date

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**FORM 1: EMPLOYEE PERSONAL DETAILS**

Father  Husband  Mother

Marital Status \*

Gender \* Male  Female  Trans Gender

Identity Mark \*

Category \*  (General, SC, OBC, etc.) Height (In Cms) \*

Blood Group \*  Home District \*

Religion \*  Service \*

Home State \*  (Professional Service/ Government Service/Private Service/Contractual)

Cadre \*

Home Town / Village \*  Nearest Railway Station \*

Source of Appointment \*  (Hint: Direct, BPSC, BSSC, SHSB, DHS, Deputation)

Remarks (Optional)

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Employee's Signature/Date

Countersigned by Head of the Department/Section In-charge

Signature of Verifying Officer/Date

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**FORM 2: EMPLOYEE ADDRESS INFORMATION**

**PRESENT ADDRESS DETAIL**

House Number	<input type="text"/>	Street Number	<input type="text"/>
Mohalla/Town/Village	<input type="text"/>	Ward Number	<input type="text"/>
State *	<input type="text"/>	District *	<input type="text"/>
Block	<input type="text"/>		
Pin Code	<input type="text"/>	Police Station	<input type="text"/>
Phone Number	<input type="text"/>	Mobile Number *	<input type="text"/>
Email ID	<input type="text"/>		

**PERMANENT ADDRESS DETAIL**

Check If Permanent Address is same above as Present Address

House Number	<input type="text"/>	Street Number	<input type="text"/>
Mohalla/Town/Village	<input type="text"/>	Ward Number	<input type="text"/>
State *	<input type="text"/>	District *	<input type="text"/>
Block	<input type="text"/>		
PIN CODE	<input type="text"/>	Police Station	<input type="text"/>
Phone Number	<input type="text"/>	Mobile Number *	<input type="text"/>
Email ID	<input type="text"/>		

I hereby declare that the personal information furnished above are true to the best of my knowledge and I am solely responsible for any misinformation and misrepresentation of facts in the Form

Employee's Signature/Date

Countersigned by Head of the Department/Section In-charge

Signature of Verifying Officer/Date

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**FORM 3: EMPLOYEE INITIAL JOINING DETAIL**

State *	<input type="text"/>	Department *	<input type="text" value="Department of Health"/>
Office *	<input type="text"/>	Office District *	<input type="text"/>
Mode of Recruitment * <small>(Hint: Direct, BPSC, BSSC, SHSB, DHS, Deputation)</small>	<input type="text"/>	Office Level *	<input type="text"/>
Appointment Date *	<input type="text"/>	Initial Joining Date *	<input type="text"/>
Appointment Order Number *	<input type="text"/>	Grade/Class <small>(Not Applicable for Contractual Employees)</small>	<input type="text" value="Not Applicable"/>
Initial Designation *	<input type="text"/>		
Employee Type *	<input type="text"/>	<small>(Hint: Regular/Contractual/Deputation)</small>	
Cadre *	<input type="text"/>	Department / Programme Name	<input type="text"/>
Appointing Authority * <small>(Dept of Health / SHSB / DHS)</small>	<input type="text"/>	<small>(RBSK, Blindness, Orthopaedics etc.)</small>	
		Source of Appointment *	<input type="text"/>
		<small>(Direct / BPSC/ BSSC / SHSB/ DHS/Deputation)</small>	

**SALARY DETAIL - (AT THE TIME OF INITIAL JOINING)**

Gross Salary *	<input type="text"/>	Salary Code <small>(Optional)</small>	<input type="text"/>
Deduction If Any	GPF / CPF / EPF / NPS/ Not Applicable		
GPF / CPF / EPF Number	<input type="text"/>		

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Employee's Signature/Date

Countersigned by Head of the Department/Section In-charge

Signature of Verifying Officer/Date

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