

**FORM 'A' EMPLOYEE DETAILS FOR REGISTRATION [REGULAR 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"/>
		First Name	Middle Name	Last Name
Employee Name (Hindi)*		<input type="text"/>	<input type="text"/>	<input type="text"/>
		First Name	Middle Name	Last Name
Father <input type="checkbox"/> Husband <input type="checkbox"/> Mother <input type="checkbox"/> *		<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth (dd/mm/yyyy)*		<input type="text"/>	Aadhar No.	<input type="text"/>
Pan No.		<input type="text"/>	Nationality*	<input type="text"/>
Employee Type*		<input type="text"/>		
		(Hint: Regular/Contractual/ Tenure)		

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

.....

.....

.....

State\*  District \*  PIN \*

Present Address\*

Email ID  Mobile No.  Official  Personal

**EMPLOYEE CURRENT POSTING DETAILS**

Current Posting Department \*

Office state\*  Office District \*  Office Level \*  (E.G., HQ/Directorate/Division/District/Block)

Current Posting Office \*  Program / Dept.  Hint: Blindness, Immunization, Anaesthesia, ... etc

Order No.  Order Date  (DD/MM/YY)

Order Authority

Current Designation \*

Mode of Recruitment \*  Hint: Direct, BPSC, BSSC

Date of Joining (Current Posting) \*

Current Class \*  Hint: I, II, III, and IV

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

.....

**ESTABLISHMENT WHERE SERVICE BOOK WILL BE UPDATED**

Establishment Department \*

Office State \*

Office District \*

Office Level \*

**(Headquarter/Directorate/Division/District/Block)**

Establishment Office \*

E-Salary Code (Optional)

Designation Description (optional)

Departmental Employee Code (optional)

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

.....

.....

.....

**FORM 1:EMPLOYEE PERSONAL DETAILS**

Father  Husband  Mother

Marital Status \*

Gender \* Male  Female  Trans Gender

Identity Mark \*

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

Caste  Blood Group \*

Religion \*

Home State \*  Home District \*

Cadre \*  Service \*

Service Grade

Home Town \*  Nearest Railway Station \*

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

Remarks

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

.....

**FORM 2 : EMPLOYEE ADDRESS INFORMATION**

**PRESENT ADDRESS DETAIL**

House Number	<input type="text"/>	Street Number	<input type="text"/>
Mohalla/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/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

.....

.....

.....

## FORM 3: EMPLOYEE INITIAL JOINING DETAIL

Initial Joining in  State Government  Ministry / Central Government

State \*

Department \*

Office State \*

Office District \*

Office \*

Office Level \*

Mode of Recruitment \*

Appointment Date \*

Initial Joining Date \*

Class \*

[Class: I, II, III, IV]

Order Number \*

Initial Designation \*

(Appointment)

Employee Type \*

Gazetted  Non – Gazetted

Cadre \*

Service \*

Appointing Authority \*

Source of Appointment \*

(Source: Direct, BPSC, BSSC)

Seniority Year (Optional)

Number

Division

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

.....

.....

.....

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

Pay Commission \*

Basic Pay \*

GIS \* Yes  No

GIS Number Detail

Pay Scale/Pay Level \*

Deduction Type \* GPF  CPF  EPF  "NPS"

GPF / CPF / EPF Number \*

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

.....

.....

.....