

**EMPLOYEE EDUCATION DETAIL**

Employee's Educational Qualification						
Examination Name	Subject/Stream	Board/University Name	Year Of Passing	Marks Obtained (%) (If Applicable)	Grade (If Applicable)	Remarks
Non Matric						
10 <sup>th</sup> / Matric						
Intermediate						
Paramedical/Diploma						
Graduate						
Post Graduate						
Graduation in Medical Stream						
Diploma/Post Graduate Diploma in Medical Stream						
Post-Graduation in Medical Stream						
Other Medical Education(Ph.D./M.CH/DN/DNB)						
Other Professional Education						
Other Education						

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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**Additional Charge Details**

**Do you have any Additional Charge ?? -- > Yes/ No**

**If yes then complete the following details:**

Order Number		Post name	
Order date (dd/mm/yyyy)		Office	
Ordering authority		Order effective date (dd/mm/yyyy)	
		Additional Charge End date (dd/mm/yyyy)	

**Current Deputation Details**

**Are you on Deputation ?? -- > Yes /No**

**If yes, then furnish the following details:**

Order Number			
Order date(dd/mm/yyyy)			
Ordering authority			
Post name (from)		Post name (to)	
District (from)		District (to)	
Office (from)		Office (to)	
Deputation effective date (dd/mm/yyyy)		Deputation end date (dd/mm/yyyy)	

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**EMPLOYEE TRAINING DETAIL**

**Type of Training:** Initial Orientation, Refreshers, Leadership, Managerial, Technical etc.

**Training Level:** International ,National ,Regional ,District ,Block

S. NO.	Name of Training	Name of the Training Institute	Type of Training	Training Sponsored By / Remarks	From Date (dd/mm/yyyy)	To Date (dd/mm/yyyy)	Training Level

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**EMPLOYEE FAMILY DETAIL**

**Employee's Family Details**

S. NO.	NAME OF THE MEMBER	RELATIONSHIP WITH EMPLOYEE	Date of Birth (dd/mm/yyyy)	Is the Member Dependent: - (Yes or No)

**Whether Your Spouse is Employed in the Same Department/Other Dept. of Bihar Govt. /Central Govt.?? - > Yes / No**

**If Yes Then Furnish the Following Detail**

Name of the Member	Relationship with the Employee	Date of Birth (dd/mm/yyyy)	Where posted (Social Welfare Bihar Govt. /Other Dept./ Central Govt.	Members Employee Code

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**EMPLOYEE SERVICE HISTORY DETAIL-Page1**

**Service History** [ Transfer/ Deputation/ Promotion/ Pay Revision/ Study Leave/ Increment/ Deputation with Transfer/ Demotion/ Appointment by Promotion/ ACP/ MACP/ Grant for NOC/ Order Termination/ Demotion with Transfer/ Departmental Exam Passed]

1.	Order No.	Order Dated (dd/mm/yyyy)	Effective Order Dated (dd/mm/yyyy)	Transaction [Transfer /Promotion /Deputation]	From State/ District	To State/ District	From Department	To Department	From Office / Level	To Office/ Level	From Designation	To Designation	Remarks
	Financial Beneficial Date	Pay Commission (Existing) *	Pay Scale (Existing) *	Basic Pay (Existing) *	Pay Scale Date (Existing)	Pay Commission (Revised) *	Pay Scale (Revised) *	Basic pay (Revised) *	Pay Scale Date (Revised)	New Service Grade (G1/G2/G3/G4)			
2.	Order No.	Order Dated (dd/mm/yyyy)	Effective Order Dated (dd/mm/yyyy)	Transaction [Transfer /Promotion /Deputation]	From State/ District	To State/ District	From Department	To Department	From Office / Level	To Office/ Level	From Designation	To Designation	Remarks
	Financial Beneficial Date	Pay Commission (Existing) *	Pay Scale (Existing) *	Basic Pay (Existing) *	Pay Scale Date (Existing)	Pay Commission (Revised) *	Pay Scale (Revised) *	Basic pay (Revised) *	Pay Scale Date (Revised)	New Service Grade (G1/G2/G3/G4)			

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**EMPLOYEE SERVICE HISTORY DETAIL Page-2**

**Service History** [ Transfer/ Deputation/ Promotion/ Pay Revision/ Study Leave/ Increment/ Deputation with Transfer/ Demotion/ Appointment by Promotion/ ACP/ MACP/ Grant for NOC/ Order Termination/ Demotion with Transfer/ Departmental Exam Passed]

3.	Order No.	Order Dated (dd/mm/yyyy)	Effective Order Dated (dd/mm/yyyy)	Transaction [Transfer /Promotion /Deputation]	From State/ District	To State/ District	From Department	To Department	From Office / Level	To Office/ Level	From Designation	To Designation	Remarks
	Financial Beneficial Date	Pay Commission (Existing) *	Pay Scale (Existing) *	Basic Pay (Existing) *	Pay Scale Date (Existing)	Pay Commission (Revised) *	Pay Scale (Revised) *	Basic pay (Revised) *	Pay Scale Date (Revised)	New Service Grade (G1/G2/G3/G4)			
4.	Order No.	Order Dated (dd/mm/yyyy)	Effective Order Dated (dd/mm/yyyy)	Transaction [Transfer /Promotion /Deputation]	From State/ District	To State/ District	From Department	To Department	From Office / Level	To Office/ Level	From Designation	To Designation	Remarks
	Financial Beneficial Date	Pay Commission (Existing) *	Pay Scale (Existing) *	Basic Pay (Existing) *	Pay Scale Date (Existing)	Pay Commission (Revised) *	Pay Scale (Revised) *	Basic pay (Revised) *	Pay Scale Date (Revised)	New Service Grade (G1/G2/G3/G4)			

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**EMPLOYEE SERVICE HISTORY DETAIL Page-3**

**Service History** [ Transfer/ Deputation/ Promotion/ Pay Revision/ Study Leave/ Increment/ Deputation with Transfer/ Demotion/ Appointment by Promotion/ ACP/ MACP/ Grant for NOC/ Order Termination/ Demotion with Transfer/ Departmental Exam Passed]

5.	Order No.	Order Dated (dd/mm/yyyy)	Effective Order Dated (dd/mm/yyyy)	Transaction [Transfer /Promotion /Deputation]	From State/ District	To State/ District	From Department	To Department	From Office / Level	To Office/ Level	From Designation	To Designation	Remarks
	Financial Beneficial Date	Pay Commission (Existing) *	Pay Scale (Existing) *	Basic Pay (Existing) *	Pay Scale Date (Existing)	Pay Commission (Revised) *	Pay Scale (Revised) *	Basic pay (Revised) *	Pay Scale Date (Revised)	New Service Grade (G1/G2/G3/G4)			
6.	Order No.	Order Dated (dd/mm/yyyy)	Effective Order Dated (dd/mm/yyyy)	Transaction [Transfer /Promotion /Deputation]	From State/ District	To State/ District	From Department	To Department	From Office / Level	To Office/ Level	From Designation	To Designation	Remarks
	Financial Beneficial Date	Pay Commission (Existing) *	Pay Scale (Existing) *	Basic Pay (Existing) *	Pay Scale Date (Existing)	Pay Commission (Revised) *	Pay Scale (Revised) *	Basic pay (Revised) *	Pay Scale Date (Revised)	New Service Grade (G1/G2/G3/G4)			

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**EMPLOYEE NOMINEE DETAIL**

S. NO.	Name of Nominee	Relation	Type of Nomination (All/ CPF/ EPF/ GPF/ Gratuity/ GIS)	Date Of Birth (dd/mm/yyyy)	Percentage %	Account Number/ Bank Name/ Bank Branch & IFSC Code	Address, if the Current address of the nominee & Employee is not same then

**EMPLOYEE AWARD DETAIL**

<b>Employee Reward/ Award Details</b>			
S. NO.	Date of Entry for Reward	Nature of Award (International/National/State/District/Block/Performer)	Description

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**Language Proficiency**

S.No.	Language	Read	Write	Speak

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