

Personal Details			
✓ Designation:			
AadharNo.			
✓ Employee Name:			
✓ Residential Address:			
✓ Father's Name:		Spouse Name:	
✓ Sex:		✓ Date Of Birth:	Date in dd/mm/yyyy format only
Mobile No:		Email:	
Religion:		Marrital Status:	
Service Details			
✓ Nature Of Appointment:		Category:	
✓ Sub Category:		Cadre:	
Mother Tounge:		Employee Class:	
Insurance Type :		Insurance Group:	
✓ Date Of Joining:	Date in dd/mm/yyyy format only	✓ Joining Dt. in this Office:	Date in dd/mm/yyyy format only
Increment Date:	Date in dd/mm/yyyy format only	Payment Mode:	
Insurance Adjusted By:		✓ Whether Employee On Contract:	
Whether Post Is To Be Made Vacant (* If Yes Salary Will Be Stopped):			
Income Tax & GPF Details			
PF Account No:	DGA/	PF Account Type:	
PAN No:		PF Adjustable by:	
Other Details			
In Strength:		Whether Grant Bonus:	
Cal.DA Arrear(Y/N):		Contribution, if any:	
Contribution No:		Contribution Adjusted By:	
Whether gazetted:		Whether Working As Adhoc:	
ECS Details			
ECS Ref. No.(13 Digit No.):		Bank Branch Code:	
Account No:		Account Type:	
Remarks:			