

पत्रांक:-

प्रेषक:-

प्राचार्य,
श्री कृष्ण चिकित्सा महाविद्यालय,
मुजफ्फरपुर।

सेवा में,

सभी विभागाध्यक्ष
श्री कृष्ण चिकित्सा महाविद्यालय,
मुजफ्फरपुर।

मुज0, दिनांक:-

विषय- मानव संपदा फर्म को विहित प्रपत्र में भरकर उपलब्ध कराने के संबंध में।

प्रसंग :- स्वास्थ्य विभाग, बिहार सरकार का पत्रांक -112/19 दिनांक - 25.06.2019।

महाशय,

उपरोक्त विषयक एवं प्रसंगिक पत्र के आलोक में सूचित करना है कि अपने अधिनस्थ सभी चिकित्सको/कर्मचारियों का मानव संपदा फर्म को विहित प्रपत्र में भरकर जल्द-से-जल्द उपलब्ध कराना सुनिश्चित करेंगे, ताकि इस विहित प्रपत्र को मानव संपदा वेबसाईट पर उपलोड किया जा सके। इस संबंध में स्वास्थ्य विभाग, बिहार सरकार, पटना को ससमय सूचित किया जा सके। साथ ही साथ यह अवगत कराना चाहेंगे कि इस पत्र के साथ में दो फर्म संलग्न किया जा रहा है, जिसमें नियमित एवं संविदा (जिनके मनदेय का भुगतान होता है) पर कार्यरत चिकित्सक/कर्मचारी से संबंधित है।

अतः मानव संपदा फर्म को विहित प्रपत्र में भरकर सभी पेज पर संबंधित कर्मचारी का हस्ताक्षर, विभागाध्यक्ष का हस्ताक्षर एवं संबंधित सभी कागजात अनुलग्नक लगाना सुनिश्चित करेंगे, तकि Verifying Officer के द्वारा अवलोकन किया जा सके। अगर फर्म भरने में कोई भी कठिनाई हो तो श्री कुन्दन कुमार, कम्प्यूटर ऑपरेटर (मानव संपदा)-सह-लेखापाल सहायक, लेखा शाखा, प्राचार्य कार्यालय से सम्पर्क किया जा सकता है।

सूचनार्थ एवं आवश्यक कार्यवाई हेतु प्रेषित।

अनुलग्नक :- नियमित एवं संविदा चिकित्सक/कर्मचारी
का मानव संपदा फर्म दो प्रति में।

विश्वासभाजन

ह0/-

प्राचार्य,

श्री कृष्ण चिकित्सा महाविद्यालय,
मुजफ्फरपुर।

ज्ञापांक :- 1433/19

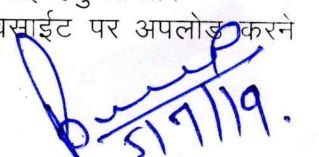
मुज0, दिनांक :- 05/07/19

प्रतिलिपि :- पुस्तकालय सचिव/ई-स्टेट ऑफिसर/बरसर/लेखापाल/स्थापना लिपिक, श्री कृष्ण चिकित्सा महाविद्यालय, मुजफ्फरपुर को सूचनार्थ एवं अपने अधिनस्थ कर्मचारियों के बीच प्राचारित्र करने हेतु प्रेषित।

प्रतिलिपि :- डा0 विनोद कुमार, ट्रयूटर-सह-Verifying Officer, मानव संपदा, एनाटोमी विभाग, श्री कृष्ण चिकित्सा महाविद्यालय, मुजफ्फरपुर को सूचनार्थ एवं आवश्यक कार्यवाई हेतु प्रेषित।

प्रतिलिपि :- श्री कुन्दन कुमार, कम्प्यूटर ऑपरेटर (मानव संपदा)-सह-लेखापाल सहायक, लेखा शाखा, प्राचार्य कार्यालय, श्री कृष्ण चिकित्सा महाविद्यालय, मुजफ्फरपुर को सूचनार्थ एवं आवश्यक कार्यवाई हेतु प्रेषित।

प्रतिलिपि :- आई0टी0 शाखा, श्री श्री कृष्ण चिकित्सा महाविद्यालय, मुजफ्फरपुर को वेबसाईट पर अपलोड करने हेतु सूचनार्थ प्रेषित।



प्राचार्य,

श्री कृष्ण चिकित्सा महाविद्यालय,
मुजफ्फरपुर।

FORM 'A' **EMPLOYEE DETAILS FOR REGISTRATION** [REGULAR EMPLOYEES]

Title _____ First Name _____ Middle Name _____ Last Name _____

Employee Name * _____
(MR/MRS/MISS/DR)

First Name _____ Middle Name _____ Last Name _____

Employee Name (Hindi) * _____

First Name _____ Middle Name _____ Last Name _____

Father Husband Mother *

Date of Birth (dd/mm/yyyy) * _____

Aadhar No. _____

Pan No. _____

Nationality * _____

Employee Type * _____
(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 * Government

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"/>	Police Station	<input type="text"/>
Pin Code	<input type="text"/>	Mobile Number *	<input type="text"/>
Phone 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"/>	Police Station	<input type="text"/>
PIN CODE	<input type="text"/>	Mobile Number *	<input type="text"/>
Phone 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 *		Initial Joining Date *	
Appointment Date *		Order Number *	
Class *	[Class: I, II, III, IV]	(Appointment)	
Initial Designation *		Gazetted <input type="checkbox"/> Non - Gazetted <input type="checkbox"/>	
Employee Type *		Service *	
Cadre *		Source of Appointment *	
Appointing Authority *		(Source: Direct, BPSC, BSSC)	
Seniority Year (Optional)		Division	
	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

SALARY DETAIL - (AT THE TIME OF INITIAL JOINING)

Pay Commission *

Pay Scale/Pay Level *

Basic Pay *

Deduction Type * GPF CPF EPF "NPS"

GIS * Yes No

GPF / CPF / EPF Number *

GIS Number Detail

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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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 th / 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 _____

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

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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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

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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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]

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 Service Grade (G1/G2/G3/G4)	To Designation	Remarks
1.	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.	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)		

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 _____

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]

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
3.	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)		
	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
4.	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)		
	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

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 _____

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]

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
5.	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)		
	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
6.	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)		
	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

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

EMPLOYEE NOMINEE DETAIL

S. NO.	Name of Nominee	Relation	Type of Nomination (AI/ 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

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

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 _____

Details of Unauthorized Absence during the Service Period

Name of the Employee	From (dd/mm/yyyy)	To (dd/mm/yyyy)	Designation	Office	Block	District	Reason for Absence

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

Title First Name Middle Name Last Name

Employee Name * (MR/MRS/MISS/DR) First Name Middle Name Last Name

Employee Name (Hindi) * First Name Middle Name Last Name

Father Husband Mother * First Name Middle Name Last Name

Date of Birth (dd/mm/yyyy) * PAN No.

Aadhar No.

Employee Type * (Hint: Regular/Contractual/ Deputation)

Nationality *

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.*

Current Posting Department* Department of Health

Office State* BIHAR 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

(Not Applicable for Contractual Employees)

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 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 * Contractual

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

Cadre *

Home Town / Village * Nearest Railway Station *

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

Remarks (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 2: EMPLOYEE ADDRESS INFORMATION

PRESENT ADDRESS DETAIL

House Number		Street Number	
Mohalla/Town/Village		Ward Number	
State *		District *	
Block			
Pin Code		Police Station	
Phone Number		Mobile Number *	
Email ID			

PERMANENT ADDRESS DETAIL

Check If Permanent Address is same above as Present Address

House Number		Street Number	
Mohalla/Town/Village		Ward Number	
State *		District *	
Block			
PIN CODE		Police Station	
Phone Number		Mobile Number *	
Email ID			

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

State *

Department *

Office *

Office District *

Mode of Recruitment *

(Hint: Direct, BPSC, BSSC, SHSB, DHS, Deputation)

Office Level *

Appointment Date *

Initial Joining Date *

Appointment Order Number *

Grade/Class
(Not Applicable for Contractual Employees)

Initial Designation *

Employee Type *

(Hint: Regular/Contractual/Deputation)

Cadre *

Department /Programme Name

(RBSK, Blindness, Orthopaedics etc.)

Appointing Authority *

(Dept of Health / SHSB / DHS)

Source of Appointment *

(Direct / BPSC/ BSSC/ SHSB/ DHS/Deputation)

SALARY DETAIL - (AT THE TIME OF INITIAL JOINING)

Gross Salary *

Salary Code
(Optional)

Deduction If Any

GPF / CPF / EPF / NPS/ Not Applicable

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

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 th / 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

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

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 _____

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]

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
1.	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 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)		

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

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]

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
3.	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 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)		

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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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]

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
5.	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)		
	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
6.	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)		
	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

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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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

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

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 _____

