**Format to provide the Personal / Pay / Service Details of Individual employee for drawal of salary under HRMS**

**EMPLOYEE BASIC DETAILS**

|  |  |
| --- | --- |
| Assign to DEO  | **0200AU0001E1** |
| Assign to HOA  | **2415-80-004-1-01-NP** |
| Office / Institution  | 1. **Teaching (Mention Yes / No)**
 |  |
|  | 1. **Non- Teaching (Mention Yes / No)**
 |  |
| Employee Number |  |
| Personal Mobile Ph.No. |  |
| Place of Working (Actual  |  |

**PART-1 BIO-DATA**

|  |  |
| --- | --- |
| **Name of the Government Servant**  |  |
| Residential Address City District State &Pin code No.  |  |
| Mobile Ph. No.  |  | Telephone No. with STD Code |  |
| Marital Status  |  |
| **Father Name**  |  |
| Residential Address City District State &Pin code No.  |  |
| **Husband’s/ Wife’s Name**  |  |
| Residential Address City District State &Pin code No.  |  |
| Mobile Ph. No.  |  | Telephone No. with STD Code |  |
| Nationality  |  | Whether belongs to BT/BC/SC/ST/Others ( if BT/BC/SC/ST Certificate No Mandatory)  |  |
| Date of Birth (dd/mm/yyyy) |  | Height (cms) |  |
| Personal mark of Identification 1  |  | Identification Mark 2  |  |
| **Permanent Home Address**City District State &Pin code No.  |  |
| Mobile Ph. No.  |  | Telephone No. with STD Code  |  |

**PART-II CERTIFICATION AND ATTESTATION**

|  |  |  |  |
| --- | --- | --- | --- |
| Physically Challenged / Single Child  |  | Blood Group  |  |

**PART – IV HISTORY AND VERIFICATION OF SERVICE**

|  |  |  |  |
| --- | --- | --- | --- |
| Current Status (Regular / Probationary / Temporary)  |  | Post (Permanent / Temporary) |  |
| Current Designation  |  | Group (A,B,C,D)  |  |
| Current Scale Category (State/ UGC) |  | Gender  |  |
| Current Pay Scale (Enter the Full Pay Scale  |  |  |  |
| Date of Joining (dd/mm/yyyy) into Government Service  |  | Next Increment(dd/mm/yyyy) |  |
| Mode of Entry(Absorption/Compassionate/ /Direct selected/ Direct Recruitment Committee |  | HRA City Grade (A,A1,B,C,D)  |  |
| Current Basic Pay  |  | CCA City Grade (A,A1,B,C,D) |  |
| Stagnation Increment  |  | Stagnation Count (No. of Counts 1st, 2nd........)  |  |
| **Additional Service**  |  |  |  |
| Government Order No.  |  | Government Order Date (dd/mm/yyyy)  |  |
| Service (University Service) |  | Date of Joining into Present place (dd/mm/yyyy)  |  |
| PAN (No.) |  | Government Quarter’s Occupied  |  |
| Employee Number (University Employee ID)  |  | Quarter’s Location  |  |

**QUALIFICATION DETAILS**

|  |  |  |  |
| --- | --- | --- | --- |
| Qualification |  | Subjects  |  |
| If others: Mention Subject Name (eg: Horticulture, Plant Pathology, Agril. Extension and etc.....)  |  |
| Year of Passing  |  | Percentage of Marks  |  |
| School / College  |  | University /Board  |  |
|  |  | State in which University Located  |  |

**NOMINEE DETAILS**

|  |  |
| --- | --- |
| Nomination For  |  |
| GSLI  |  |
| Nominee Details |  |
| Name | Gender | Relation | Date of Birth | Share (in%) |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Alternate Nominee Name and Relationship  |  | Contingencies on which the Nomination will become invalid |  |
| Address of NomineeCity District State &Pin code No.  |  |
| Mobile Ph. No.  |  |

**UPDATE LEAVE BALANCE**

|  |  |
| --- | --- |
| Employee Name  |  |
| Earned Leave including credit of 01.01.2021 |  | Maternity /Paternity Leave Count |  | Half Pay Leaveincluding credit of 01.01.2021 |  |

**FAMILY AND DEPENDENT DETAILS**

|  |  |
| --- | --- |
| Family and Dependent Details  |  |
| Dependent Name  |  | Relation (Father / Spouse/ Mother / Daughter / Son)  |  |
| Gender  |  | Date of Birth (dd/mm/yyyy)  |  |
| Is Dependent ( Yes/ No)  |  | Working / Pensioner (If Yes) |  |
| If yes, Working in Government  |  | Income Per Annum |  |
| Address City District State &Pin code No.  |  |
| Mobile Ph. No.  |  | Telephone No. with STD Code |  |

**HOME TOWN DETAILS**

|  |  |
| --- | --- |
| Home Town ( As per SR) |  |
| Changed Home Town ( As per SR) |  |
| Address City District State &Pin code No.  |  |
| Mobile Ph. No.  |  | Telephone with STD code  |  |

**BANK DETAILS**

|  |  |
| --- | --- |
| District Name\* |  |
| MICR Code |  |  |
| Bank Name \*  |  |  |
| Branch Name\*  |  |  |
| Payment Mode\*  |  |  |
| Account Number \*  |  |  |

**UPDATE EPIC NUMBER (VOTER ID) AND ADHAAR NUMBER**

|  |  |
| --- | --- |
| EPIC Number (Voter ID)  |  |
| Adhaar Number  |  |