

# State Government Regular Employee Data Sheet

<b>I. GENERAL DETAILS *</b>				<b>Photo</b>
1. Employee ID		2. Dept Name		
3. STO Code		4. DDO Code		
5. Sector		<input type="checkbox"/> State Govt. <input type="checkbox"/> Central Govt. <input type="checkbox"/> AICTE <input type="checkbox"/> UGC <input type="checkbox"/> Judicial		

<b>II. PERSONAL DETAILS</b>	
6.1 Name **	
6.2 Surname **	
7. Date of Birth (DD/MM/YYYY) **	
8. Gender *	<input type="checkbox"/> Male <input type="checkbox"/> Female
9. Physically Handicapped / Disabled	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If Yes Percentage of disability :
10. Father Name *	Name :
	Surname :
11. Mother Name *	
12. Marital Status *	<input type="checkbox"/> Never Married <input type="checkbox"/> Married <input type="checkbox"/> Widow/er <input type="checkbox"/> Divorced
12.1 Spouse Name	Name :
	Surname :
12.2 Spouse Aadhar	
12.3 Is Spouse Employee	
12.4 If Spouse Employed	<input type="checkbox"/> State Govt. <input type="checkbox"/> Central Govt. <input type="checkbox"/> AICTE <input type="checkbox"/> UGC <input type="checkbox"/> Judicial <input type="checkbox"/> Corporation
	<input type="checkbox"/> State PSU <input type="checkbox"/> Central PSU <input type="checkbox"/> Private <input type="checkbox"/> Self Employed
12.5 If Spouse in State Govt mention Employee ID	
13. Mobile No *	
14. eMail ID	
15. Aadhar Number *	
16. Nationality *	
17. Religion *	<input type="checkbox"/> Hindu <input type="checkbox"/> Muslim <input type="checkbox"/> Christian <input type="checkbox"/> Others
18. Community *	<input type="checkbox"/> BC-A <input type="checkbox"/> BC-B <input type="checkbox"/> BC-C <input type="checkbox"/> BC-D <input type="checkbox"/> BC-E <input type="checkbox"/> SC <input type="checkbox"/> ST <input type="checkbox"/> OC
19. Blood Group	<input type="checkbox"/> A- <input type="checkbox"/> A+ <input type="checkbox"/> B- <input type="checkbox"/> B+ <input type="checkbox"/> AB- <input type="checkbox"/> AB+ <input type="checkbox"/> O- <input type="checkbox"/> O+
20.1 Home Town / Village **	
20.2 Home Mnadal *	
20.3 Home District **	
20.4 Home State **	
21. Identification Marks	1.
	2.

III. EDUCATIONAL QUALIFICATION *			
22. Qualification	Year of Passing	Board / University	State

IV. ADDRESS *	Permanent	Residential
23.1 Door No		
23.2 Street		
23.3 Village/City		
23.4 Mandal		
23.5 District		
23.6 State & PIN Code		

V. FAMILY MEMBERS (Including Spouse)						
SNo	Name	Is Nominee (Yes/No)	If Yes Nomination Date	DOB	Gender	Relationship
24.1	24.2	24.3	24.4	24.5	24.6	24.7
1.						
2.						
3.						
4.						
5.						
6.						

Mobile No	Aadhar Number	Qualification	Occupation	Annual Income	PH / Disabled
24.8	24.9	24.10	24.11	24.12	24.13
1.					
2.					
3.					
4.					
5.					
6.					

VI. EMPLOYMENT DETAILS *					
25. Initial Employment Details:					
Appointing Authority	Proceedings No.	Date	Selecting Authority	Date of Joining into Service **	Designation

26. Regularisation Details:	
Date of Regularisation	Date of Declaration of Probation

<b>27. Present Post Details:</b>			
Post Name	Date of Joining into Service	Cadre	Status
		<input type="checkbox"/> IAS <input type="checkbox"/> Group-I <input type="checkbox"/> Gazetted <input type="checkbox"/> Non-Gazetted <input type="checkbox"/> Last Grade	<input type="checkbox"/> Regular <input type="checkbox"/> Deputation <input type="checkbox"/> Suspension <input type="checkbox"/> Foreign service <input type="checkbox"/> On Leave

<b>VII. ACCOUNT NUMBERS *</b>			
28. GPF / CPS Category	GPF(AG) / GPF(ZP) / PRA / Class IV Number	TSGLI No	PAN
<input type="checkbox"/> AIS <input type="checkbox"/> GPF(AG) <input type="checkbox"/> CPS <input type="checkbox"/> Class IV <input type="checkbox"/> GPF(ZP)			
29. Bank Name	Bank Branch	Bank IFS Code	Bank Account No.

<b>VIII. PAY DETAILS</b>							
PRC Year		Scale		Next Increment Month		Next Increment Year	
Basic Pay		HRA		Others			
DA		Medical Allowance					
If any Others, Please specify in empty columns				<b>Total Gross:</b>			

<b>IX. LOAN DETAILS</b>							
Deduction Code	Proceeding No	Sanction Date	Sanction Amount	Total Installment Amount	Recovered Amount	Recovery Started MM/YYYY	Installment Amount
30.1	30.2	30.3	30.4	30.5	30.6	30.7	30.8

<b>X. LEAVE DETAILS AS ON 1st January, 2017</b>			
31. EL	HPL	Regular/Vacation/Police	Committed Leaves availed

**Employee Declaration**

The details furnished above are correct / true to the best of my knowledge and will be held responsible for information found to be false at later date

**Place:**

**Signature**

**Date:**

**DDO Declaration**

I here by Declare that the information furnished above is verified with reference to the relevant records and found correct

**DDO Seal**

**Signature**

**Legend:**

V. Relationship

Wife Husband Son Daughter Father Mother Widow Sister Widow Daughter

VI. Selecting Authority

APPSC TSPSC Compassinate DSC

IX. Loan Code

2011 - HBA Principle	2012 - HBA Interest	2013 - HBA Penal Interest
2014 - Addl HBA I	2015 - Addl HBA I Interest	2016 - Addl HBA I Penal Interest
2017 - Addl HBA II Principle	2018 - Addl HBA II Interest	2019 - Addl HBA II Penal Interest
2020 - HBA Repairs	2021 - HBA Repairs Interest	2022 - HBA Repairs Penal Interest
2024 - Car Advance Principle	2025 - Car Advance Interest	

**Instructions:**

1. All the fields marked with \* are mandatory and the details should be provided without fail
2. All the fields marked with \*\* are mandatory and evidence has to be produced if there is a change in the detail. Supporting documents have to be produced for these fields without which modification will not be accepted
3. General Details (except Sector code) & Pay Details are read only and information need not be given. If there is any change in these fields, it may be taken to the notice of Director, Treasuries
4. For loan details, only long term loans for which codes are specified in the form should be submitted
5. All dates should be in DD/MM/YYYY format