Government of Jammu and Kashmir
Employee Personal Information

Form-1

Instruction: *This form required to be duly filled up and submitted by the prospective employees while reporting for duty on Old/ fresh appointment. The officer before whom the prospective employee reports for duty and the appointing authority required to counter sign the duly filled up form submitted by the prospective employee. After getting the form counter signed by the DDO Subject Assistant will feed the data into JKCPIS and obtain Employee Code from the system and write down it in the box provided below for the purpose*

Specimen Signature	**Specimen Signature**	Affix a recently taken passport size photo

PART-A (For Office use)

Employee Code							**UID**															
Department							**Office**															
Permanent Resident Certificate File No.																						

PART-B PERSONAL DETAILS
(To be filled up by the prospective employee)

First Name **(In capital letters)**			
Last Name **(In capital letters)**			
Date of birth **(DD/MM/YY)**		Sex **(M/F)**	
Name of Father			
Name of Mother			
Category **(General/Reserved)**		SC/ST/OBC/RBA/ALC/ Sports/PHC/Exserviceman	
Nationality		Religion	
Blood Group **(Optional)**		Marital status (unmarried/married/divorcee)	
Spouse's Name		Profession of Spouse **(Govt./ Private/ None)**	
If spouse working in Government Department			
Name of the Department		Designation	
Cadre of post occupied by the spouse:	**State/ Divisional/ District (Tick any one)**		

Signature of employee
Dated

Signature of DDO
SEAL
Dated

Government of Jammu and Kashmir
Employee Personal Information

Form-2

Employee Code							**UID**															

Joining Details			
Date of Appointment		Order No.	
Initial Joining Department		Initial Joining Office	
Date of Joining		Initial Designation	
Pay Band of initial Post *		*Initial Grade Pay* *****	
Initial Basic Pay *		Permanent/Temporary Employee	
Employee initial Cadre **State/Divisional/District**		**Gaz./ Non-Gaz./Class IV**	
Present DDO Code		* *optional fields*	

Salary Details			
Current Pay Band		PAN No.	
Grade Pay		Basic Pay	
Personal/Special Pay		GPF/ PRAN No.	
Dearness Allowance/ Dearness Pay/COLA **YES/NO**		Deduction Type **GPF/CPF(NPS)**	
Non-practicing Allowance(NPA) **YES/NO**		GIS/SLI Member **YES/NO**	
Charge Allowance **YES/NO**		GIS/SLI Number	
City Compensatory Allowance **YES/NO**		Defined Contributory Pension - 10% Employer's Share for NPS	
Medical Allowance **YES/NO**		2 ½ days Pay **YES/NO**	
Temporary Move Allowance **YES/NO**		Pocket Money **YES/NO**	
House Rent Allowance **YES/NO**		Settlement Allowance	
Risk Allowance **YES/NO**		Fixed T.A.	
Border Allowance/ Compensatory Allowance **YES/NO**		Record Allowance	
Ration Money Allowance **YES/NO**		Special Duty Allowance	
Hardship Allowance **YES/NO**		Any Other Allowance	
Kit Maintenance Allowance **YES/NO**			
Conveyance Allowance **YES/NO**		Total Salary(including Allowances)	
Name of Salary Bank Branch		**Saving A/c No.**	

Entitlement of Pension (Defined benefit/NPS/None of the two)			
Contribution to NPS(Employer + Employee) :			
Accumulations under NPS (including earnings from investment of Contribution) **:**			
Accumulations of Earned Leave			
Number of times Maternity Leave availed:			
Period of Half Pay Leave availed – **From:**		**To:**	
Period of Suspension			
Major Penalty imposed, if any			
Monthly Income of Parents from all sources			

Signature of employee :
Dated

Signature of DDO :
SEAL
Dated

Government of Jammu and Kashmir
Employee Personal Information

Form-3

Employee Code							**UID**															
Employee office details																						
Current designation							Current Post															
Current cadre: **State/ Divisional/ District**							Current office															

Present address		**Permanent address**	
House No/ Street No		House No/ Street No	
Street Name		Street Name	
Place		Place	
Pin		Pin	
State		State	
District		District	
Tehsil		Tehsil	
Village		Village	
Phone No.		Phone No.	
Home Town		Home Town	

Mobile No.		Email address	

Whether Govt. accommodation allotted in Jammu/Srinagar :	
Details of accommodation, if hired(Y/N)	

Signature of employee
Dated

Signature of DDO
SEAL
Dated

Government of Jammu and Kashmir
Employee Personal Information

Form – 4

Employee Code							**UID**															

Educational Detail

ACADEMIC QUALIFICATION				
Degree/Diploma	**Name of Board/ University**	**Marks Obtained (In %)**	**Year of Passing**	**Grade**

TECHNICAL QUALIFICATION				
Degree/Diploma	**Name of Board/ University**	**Marks Obtained (In %)**	**Year of Passing**	**Grade**

PROFESSIONAL QUALIFICATION				
Degree/Diploma	**Name of Board/ University**	**Marks Obtained (In %)**	**Year of Passing**	**Grade**

Specialized Training, if any	
Refresher/Training Course attended during service, if any	

Signature of Employee
Dated
DDO

Signature of

SEAL
Dated

Government of Jammu and Kashmir
Employee Personal Information

Form-5

Employee Code							**UID**															

Promotion Details

Date of Promotion	**Name of the office**	**Designation**	**Govt. Order No./ Date**

Signature of employee :
Dated

Signature of DDO :
SEAL
Dated

Government of Jammu and Kashmir
Employee Personal Information

Form - 6

Employee Code		**UID**	
Department		**Office**	

Posting Details

	Name of the office	**Designation**	**Tenure of Postings**	
			From	**To**
Initial appointment				
02nd posting				
03rd posting				
04th posting				
05th posting				
06th posting				
07th posting				
08th posting				
09th posting				
10th posting				
11th posting				
12th posting				
13th posting				
14th posting				
15th posting				
16th posting				
17th posting				

Signature of employee :
Dated

Signature of DDO :
SEAL
Dated

Government of Jammu and Kashmir
Employee Personal Information

Form – 7

Employee Code							**UID**															

Nomination Details (GPF)

Name of Nominee(s)	Relationship with employee	Date of Birth of Nominee	Share of amount (%)

Nomination Details (Gratuity)

Name of Nominee(s)	Relationship with employee	Date of Birth of nominee	Share of amount (%)

Group Insurance/SLI Nominee Details

Name of Nominee(s)	Relationship with employee	Date of Birth of nominee	Share of amount (%)

Nominee Details (Family Pension)

Name of Nominee(s)	Relationship with employee	Date of Birth of nominee

Declaration by the prospective employee

The information furnished by me in this joining report is correct to the best of my knowledge and are based on valid documents. I also hereby produce original documents in respect of all the information given below before the reporting officer for verification. I am also aware of the fact that penal action would be taken against me if any of the information provided by me is found fraudulent.

Signature of Employee
Dated

VERIFICATION

Signature of DDO
SEAL
Dated