

EMPLOYEE FORM FOR SHALARHT

PHOTO

School Name : _____

Udise No. _____

School Address: _____

EMPLOYEE DETAILS

UID NO.	
Full Name	
Fathers/Husband Name	
Gender	MALE / FEMALE
Date of Joining	

Address Building	
Landmark	
District	
State	MAHARASHTRA
Contact Tel.no	
Email	
Qualification	

INSTITUTION DETAILS

Cadre	
Pay Commission	
Designation	
Basic Pay	
Current Institute	
Date of initial appointment in parent institute	
Individual Approval Order No	

BANK/DCPS/GPF DETAILS

Bank Name	
Bank A/C No.	
DCPS?	YES/No

GPF DETAILS

A/C maintained by	
PF Series	
PF A/C No	

GIS DETAILS

GIS Applicable	
Membership Date	

NOMINEE DETAILS

NOMINEE Name	Date of Birth	Relationship

Signature Box →

EID No.	
Full Name in Devnagari	

Date of Birth	
Physically Handicapped?	YES / NO
100 % Aided	YES / NO
Address Street	
Locality	
Village/Town/City	
Pincode	
Mobile No.	
Pan No	
Professional Qualification	

Group	
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Payscale	
Current Post	
Name of post/Designation first appointment	
Date of Joining current Post (in the current Institution)	
Individual Approval Date	

Branch Name	
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DCPS Account Maintained By	
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Other State for GPF Employee(Ac Maintained By)	
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GIS Group	
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Address	Percentage Share(%)