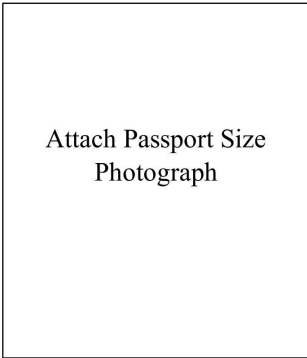


Basic Details

Prefix*
First Name* Middle Name.....
Last Name* Gender*.....
Date of Birth* Hight (CM/Feet/Inch) *.....
Father`s Name* Mother`s Name*.....
Identification Marks*.....
Marital Status*.....
Spouse Name (Husband/Wife)



Disability Details (If Applicable)

Disabled* Yes, No Type of disability (If selected Yes).....
Percentage of Disability

Personal Details

Blood Group..... Email Mobile Number*.....
Nationality.....PAN No *.....GPF/PRAN Type*.....
Aadhar Ref No.Social Category.....

Permanent Address*

Line 1* Line 2*
State*District*Pin Code*.....

Employee Official Details

Employee Type*..... Service Type*
Cadre* Parent Department
Current Department* Current Designation*
Current Office*Source of Recruitment*
Order issuing Office/Authority* Appointment Order No.*
Appointment Order Date* Joining / Charge Taken Date*
Joining Time*

On- Boarding Annexure 2A

Employee Personal Details

GPF/PRAN No.*
 Govt. Quarter Occupied (Yes/No) Yes No Group
 Annual Increment Opted Date*

Address- Current Address

Same As Permanent Address* Yes/No
 Address Line 1* Address Line 2*
 State* District* Pin Code*

Family Member Details- Add Member Details

Relationship* Name*
 Gender* Date of Birth* Marital Status*
 Physically Disabled* Yes, No
 Percentage of Disability* (If Selected Yes in Physically Disabled)
 Dependent* Yes, No Income (If Selected Yes in Dependent)
 Employed* Yes, No
 Nominee* Yes, No
 Gratuity (In Percentage* (If Selected Yes in Nominee).....
 PF (In Percentage* (If Selected Yes in Nominee).....

Bank Details- Add Bank Details

Bank Name* Branch Name
 IFS code* Bank Account No*

Pay Entitlement- For Office Use Only*

Pay Commission* Pay Scale/pay Band/ Pay Level
 Basic Pay* Govt. Quarter Occupied* Yes No
 HRA Tier* (If Selected Yes in Govt. Quarter Occupied)
 CTA Allowance Applicable Yes No GPF/PRAN Type GPF PRAN
 CTA Entitlement* (If Selected Yes in CTA Allowance Applicable)
 NPS Opted Yes No Medical Stop Yes No
 DA Stop Yes No

Certification* : I, the undersigned, certify that to the best of my knowledge and behalf, this form is filled correctly.

Sign.