

Personnel Management Information System Form

Name of Employee: _____

Date of Birth: _____

Date of joining in the Govt. Service: _____

Date of joining in the DOP: _____

Father's Name _____

Mother's Name _____

Marital Status _____

Spouse Name _____

Children's Name:

1. _____

2. _____

3. _____

**Paste recent
passport size
coloured
photograph**

**(Please do
not staple)**

Family Detail (Father, Mother, Spouse, Children and any other family member)

Family Member Name	Relation	Date of Birth	Dependent (Y/N)	If Employed, name the department.

Category: _____

Religion : _____

Identification Mark : _____

Blood Group _____

Height (In Centimeters): _____

Home State _____

Home District _____

LTC Home Town _____

Present Address: _____

Permanent Address _____

GPF/CPS No. _____ **E-Salary Code :** _____

Education Detail (photocopies of the certificates may be enclosed)

Edu. Qualification	Board/University	Year of Passing	Marks %age

Dated: . **Name/Designation/Signature of the Employee**
Place:
