|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Proforma for Collection of information from Employees Posted in Different Offices of BSPTCL** |  |

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 |  |
| **EMP CODE** |   |  |  |  |  |  |
| **Title (Sri/Smt/Ms.)** |   |  |  |  |  |  |
| **FIRST NAME** |   | **LAST NAME** |   |  |  |  |
| **DESIGNATION** |   | **CURRENT PLACE OF POSTING** |   |  |  |  |
| **CURRENT DEPARTMENT** |   |  |  |  |  |  |
| **DOB (DD.MM.YYYY)** |   | **GENDER** |   |  |  |  |
| **MARITAL STATUS** |   | **RELIGION** |   |  |  |  |
| **CASTE** |   | **CATEGORY** |   |  |  |  |
| **NATIONALITY** |   |  |  |  |  |  |
| **HEIGHT (in cms)** |   | **BLOOD GROUP** |   |  |  |  |
| **Mark of Identification 1** |   | **Mark of Identification 2** |   |  |  |  |
| **HANDICAPPED (YES / NO)** |   |  |  |  |  |  |
| **If Yes, Category of Impairment** |   | **% of Disability** |   |  |  |  |
| **Date of Disability** |   |  |  |  |  |  |
| **Home District** |   | **Home State** |   |  |  |  |
| **Quarters Provided (Yes / No** |   |  |  |  |  |  |
| **If Yes, Type of Quarters** |   | **If Yes, Location** |   |  |
| **Current Shift**  |   |  |  |  |  |  |
| **PERMANENT ADDRESS** |
| **ADDRESS Line 1-House No/Plot No** | **Street/Locality/PO** | **Thana/City** | **DISTRICT** | **PINCODE** | **STATE** |
|   |   |   |   |   |   |
|   |   |   |   |   |   |
|   |   |   |   |   |   |
| **ADDRESS FOR COMMUNICATION** |
| **House No/Plot No** | **Street/Locality/PO** | **Thana/City** | **DISTRICT** | **PINCODE** | **STATE** |
|  |   |   |   |   |   |
|  |   |   |   |   |   |
| **MOBILE NUMBER 1** |   | **MOBILE NUMBER 2** |   |  |  |  |
| **EMAIL ID** |   |  |  |  |  |  |
| **FATHER'S NAME** |   | **FATHER'S DOB** |   |  |  |  |
| **Father's Aadhaar No.** |   |  |  |  |  |  |
| **MOTHER'S NAME** |   | **MOTHER'S DOB** |   |  |  |  |
| **Mother's Aadhaar No.** |   |  |  |  |  |  |
| **SPOUSE NAME** |   | **SPOUSE DOB** |   |  |  |  |
| **Spouse Aadhaar No.** |   |  |  |  |  |  |
| **Spouse is employed (Yes / No)** |   | **If yes, provide Organization name, Place of posting,Emp No.** |   |  |  |  |
| **If yes, provide Place of posting** |   |  |  |  |  |  |
| **NO. OF CHILDREN** |   |  |  |  |  |  |
| **CHILD 1NAME** |   | **CHILD 1 DOB** |   |  |  |  |
| **Child 1 Aadhaar No.** |   |  |  |  |  |  |
| **CHILD 2 NAME** |   | **CHILD 2 DOB** |   |  |  |  |
| **Child 2 Aadhaar No.** |   |  |  |  |  |  |
| **CHILD 3 NAME** |   | **CHILD 3 DOB** |   |  |  |  |
| **Child 3 Aadhaar No.** |   |  |  |  |  |  |
| **CHILD 4 NAME** |   | **CHILD 4 DOB** |   |  |  |  |
| **Child 4 Aadhaar No.** |   |  |  |  |  |  |
| **CHILD 5 NAME** |   | **CHILD 5 DOB** |   |  |  |  |
| **Child 5 Aadhaar No.** |   |  |  |  |  |  |
| **Any of Family Member HANDICAPPED (YES / NO)** |   | **if Yes, Name and relationship of family member** |   |  |  |  |
| **If Yes, Category of Impairment** |   | **% of Disability** |   |  |  |  |
| **Date of Disability** |   |  |  |  |  |  |
| **Departmental Vehicle Provided (Yes / No)** |   |  |  |  |  |  |
| **Company Assets in hand (Eg: Laptop / Mobile )** |   |  |  |  |  |  |
| **Electrical Supervisory Certification Date** |   |  |  |  |  |  |
| **Date of Passing Hindi Note Drafting Exam** |   |  |  |  |  |  |
| **Date of Passing CLT Exam** |   |  |  |  |  |  |
| **PF Nominee Name 1** |   | **PF Nominee DOB** |   | **Percentage** |   |  |
| **PF Nominee Name 2** |   | **PF Nominee DOB** |   | **Percentage** |   |  |
| **PF Nominee Name 3** |   | **PF Nominee DOB** |   | **Percentage** |   |  |
| **GSS Nominee Name** |   | **GSS Nominee DOB** |   |  |  |  |
| **PAN NO.** |   | **AADHAAR NO.** |   |  |  |  |
| **Salary Account No.** |   | **Salary Bank Name** |   | **Salary Bank IFSC code** |   |
| **Other Bank Account No.** |   |  **Bank Name** |   | **Bank IFSC code** |   |
| **Qualification Details** |  |  |  |  |  |
| **Qualification Name** | **Year of Passing** |  |  |  |  |  |
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|   |   |  |  |  |  |  |
| **PREVIOUS EMPLOYMENT DETAILS** |
| **Name of employer** | **City** | **Industry**  | **Designation** | **Last Drawn CTC** | **START DATE** | **END DATE** |
|   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |
| **Statutory Details** |  |  |  |  |
| **Statutory Details** | **Account No** | **Start Date** |  |  |  |  |
| **ESI**  |   |   |  |  |  |  |
| **GPF** |   |   |  |  |  |  |
| **CPS**  |   |   |  |  |  |  |
| **EPF No** |   |   |  |  |  |  |
| **PENSION SCHEME NO** |   |   |  |  |  |  |
| **UAN**  |   |   |  |  |  |  |
| **PRAN NO** |   |   |  |  |  |  |
|  |  |  |  |  |  |  |
| **Training/Certification Details** |
| **Topic/Subject** | **Training Institution** | **Order No & Order Date** | **Place of Training** | **Start Date**  | **End Date**  | **Dept organizing Training** |
|   |   |   |   |   |   |   |
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|  |  |  |  |  |  |  |
| Nodal officer Signature |  | Controlling Officer Signature | Employee Signature |  |
|  |  |  |  |  |  |  |