

**STATE INSURANCE & G.P.F. DEPT . SECRETARIAT. JAIPUR**  
(Pl. Fill Entries In CAPITAL LETTERS)

EMPLOYEE DETAILS						
Title (Please tick)	Mr.	Mrs.	Miss.	Dr.	Smt.	Prof.
EMPLOYEE NAME*						
FATHER'S NAME*						
GENDER* (Please tick)	Male	Female				
PAN NO						
DATE OF BIRTH*	dd	mm	yy			
PLACE OF BIRTH						
BLOOD GROUP						
MARITAL STATUS* (Please tick)	Widow	Un married	Married	Divorcee		
DATE OF MARRIAGE	dd	mm	yy			
PERMANENT ADDRESS			CORRESPONDANCE ADDRESS			
ADDRESS 1						
ADDRESS 2						
COUNTRY						
STATE						
DISTRICT						
TEHSIL						
PIN CODE						
OFFICE PHONE NO.	WITH STD CODE				WITH STD CODE	
RESIDENCE PONE NO.	WITH STD CODE				WITH STD CODE	
MOBILE NO.						
E-MAIL ID						
FAX	WITH STD CODE				WITH STD CODE	
Service Details						
NAME OF OFFICE						
Section In Which Employee						
Is Working						
EMPLOYMENT STATUS* (Please Tick Only)	Parmanent	Semi Parmanent	Contract	Temprary		
Category* (Please tick)	A/S	State service	Subordinate	Ministerial	Class IV	
Designation*					Budget Head	
Date of 1st Appointment*	dd	mm	yy	DDO CODE		
Joining Date in present office*	dd	mm	yy			
Basic Pay*						
Dearness Pay						
Dearness Allowance*						
Employee Status* (Please Tick)	In service	Suspended etc.				
DDO Details						
DDO DESIGNATION						
DDO CODE						
BUDGET HEAD					DDO Phone No.	
EMAIL ID OF H.O.D						
EMAIL ID OF D.D.O						

P.T.O

Bank Details						
Bank branch Code	Bank Name	Branch	Acctt. No.			
Educational Qualifications						
On Joining Service	Subsequently Attained	Departmental Test Passed	Technical/Special Qualification			
STATE INSURENCE DETAIL						
Policy No.*		RELATION	AGE	Share(%)	Remark	
1.	Name Of Nominee					
2.	Name Of Nominee					
3.	Name Of Nominee					
	Guardian name					
	Address					
NPS DETAIL						
NPS Acctt. No.*		RELATION	AGE	Share(%)	Remark	
1.	Name Of Nominee					
2.	Name Of Nominee					
3.	Name Of Nominee					
	Guardian name					
	Address					
G.P.F. DETAIL						
G.P.F. Acctt. No.*		RELATION	AGE	Share(%)	Remark	
1.	Name Of Nominee					
2.	Name Of Nominee					
3.	Name Of Nominee					
	Guardian name					
	Address					
Family Details*						
Name	Date of Birth dd/mm/yy	Relation	Gender male /female	Alive/Dead	Cause Of Death	Income
1	/ /					
2	/ /					
3	/ /					
4	/ /					
5	/ /					
6	/ /					
DDO Sig.		Employee Name & Sig.				
नोट- विवाह पूर्व मनोनयन विवाह पश्चात स्वतः निरस्त हो जाता है अतः विवाह उपरान्त मनोनयन परिचरित हेतु कार्यलयवाध्यक्ष के माध्यम से पुनः आवेदन प्रस्तुत करें ।						
यदि कोई कार्मिक प्रतिनिधुक्ति पर है परन्तु वेतन आहरण आप डाक किया जाता है अथवा विदेशी व्यक्ति आपके यहाँ कार्यरत है तो प्रथम से पूर्ण विवरण निम्नवाये						
यदि कोई कार्मिक अदैनिक अवकाश पर है अथवा अन्य कारण से लीवी/बीमा की कटौती नहीं की जा रही है तो उसका भी प्रथम से विवरण देंगे ।						
नोट * स्टार चिन्ह के कालमो की पूर्ति आवश्यक है						