

**Government of Jammu and Kashmir
Employee Personal Information**

Form-2

Joining Details			
Date of Appointment		Order No.	
Initial Joining Department		Initial Joining Office	
Date of Joining		Initial Designation	
Pay Band of initial Post *		Initial Grade Pay *	
Initial Basic Pay *		Permanent/Temporary Employee	
Employee initial cadre State/Div./Distt		Gaz./ Non-Gaz./Class IV	
Present DDO Code*		* optional fields	
Salary Details			
Current Pay Band		PAN No.	
Grade Pay		Basic Pay	
Personal/Special Pay		GPF/ PRAN No.	
Dearness Allowance/ Dearness Pay/COLA YES/NO		Deduction Type GPF/CPF(NPS)	
Non-practicing Allowance(NPA) YES/NO		GIS/SLI Member YES/NO	
Charge Allowance YES/NO		GIS/SLI Number	
City Compensatory Allowance YES/NO		Defined Contributory Pension - 10% Employer's Share for NPS	
Medical Allowance YES/NO		2 ½ days Pay YES/NO	
Temporary Move Allowance YES/NO		Pocket Money YES/NO	
House Rent Allowance YES/NO		Settlement Allowance	
Risk Allowance YES/NO		Fixed T.A.	
Border Allowance/ Compensatory Allowance YES/NO		Record Allowance	
Ration Money Allowance YES/NO		Special Duty Allowance	
Hardship Allowance YES/NO		Any Other Allowance	
Kit Maintenance Allowance YES/NO			
Conveyance Allowance YES/NO		Total Salary(including Allowances)	
Name of Salary Bank Branch		Saving A/c No.	

Entitlement of Pension (Defined benefit/NPS)	
Contribution to NPS(Employer + Employee) :	
Accumulations under NPS (including earnings from investment of Contribution) :	

Leave Details

Accumulations of Earned Leave	AS on Date		
	Total number of days EL accumulated		
Period of EL availed (Recently) - From:		To:	
Number of times Maternity Leave availed:			
Accumulations of Half Pay Leave	AS on Date		
	Total number of days accumulated		
Period of HPL availed (Recently) - From:		To:	
Period of Suspension (if any)			

Major Penalty imposed, if any	
Monthly Income of Parents from all sources	

Signature of employee :
Dated

Signature of DDO :
SEAL
Dated

**Government of Jammu and Kashmir
Employee Personal Information**

Form-3

Employee office details			
Current Designation		Current Post	
Current Cadre: State/ Div./ District		Current office	
Present address		Permanent address	
House No/ Street No		House No/ Street No	
Street Name		Street Name	
Place		Place	
Pin		Pin	
State		State	
District		District	
Tehsil		Tehsil	
Village		Village	
Phone No.		Phone No.	
Home Town		Home Town	

Mobile No.		Email address	
------------	--	---------------	--

Whether Govt. accommodation allotted in Jammu/Srinagar :	
Details of accommodation, if hired(Y/N)	

**Signature of employee
Dated**

**Signature of DDO
SEAL
Dated**

**Government of Jammu and Kashmir
Employee Personal Information**

Form – 4

Educational Detail				
ACADEMIC QUALIFICATION				
Degree/Diploma	Name of Board/ University	Marks Obtained (In %)	Year of Passing	Grade

TECHNICAL QUALIFICATION				
Degree/Diploma	Name of Board/ University	Marks Obtained (In %)	Year of Passing	Grade

PROFESSIONAL QUALIFICATION				
Degree/Diploma	Name of Board/ University	Marks Obtained (In %)	Year of Passing	Grade
Specialized Training, if any				
Refresher/Training Course attended during service, if any				

Signature of Employee
Dated
DDO

Signature of

SEAL
Dated

**Government of Jammu and Kashmir
Employee Personal Information**

Form-5

Promotion Details			
Date of Promotion	Name of the office	Designation	Govt. Order No./ Date

Signature of employee :
Dated

Signature of DDO :
SEAL
Dated

**Government of Jammu and Kashmir
Employee Personal Information**

Form - 6

Posting Details

	Name of the office	Designation	Tenure of Postings	
			From	To
Initial appointment				
02 nd posting				
03 rd posting				
04 th posting				
05 th posting				
06 th posting				
07 th posting				
08 th posting				
09 th posting				
10 th posting				
11 th posting				
12 th posting				
13 th posting				
14 th posting				
15 th posting				
16 th posting				
17 th posting				

**Signature of employee :
Dated**

**Signature of DDO :
SEAL
Dated**

**Government of Jammu and Kashmir
Employee Personal Information**

Form - 7

Nomination Details (GPF)			
Name of Nominee(s)	Relationship with employee	Date of Birth of Nominee	Share of amount (%)

Nomination Details (Gratuity)			
Name of Nominee(s)	Relationship with employee	Date of Birth of nominee	Share of amount (%)

Group Insurance/SLI Nominee Details			
Name of Nominee(s)	Relationship with employee	Date of Birth of nominee	Share of amount (%)

Nominee Details (Family Pension)		
Name of Nominee(s)	Relationship with employee	Date of Birth of nominee

Declaration by the prospective employee

The information furnished by me in this joining report is correct to the best of my knowledge and are based on valid documents. I also hereby produce original documents in respect of all the information given below before the reporting officer for verification. I am also aware of the fact that penal action would be taken against me if any of the information provided by me is found fraudulent.

**Signature of Employee
Dated**

VERIFICATION

**Signature of DDO
SEAL
Dated**