

E-Service Book updation form

Computer ID		Name	Mr./Ms./Dr./Prof.	First Name	Middle Name	Surname	
Father's Name	First Name	Middle Name	Surname	Mother's Name	First Name	Middle Name	Surname
Spouse Name	First Name	Middle Name	Surname	Reporting Officer			
Area of Work						CHSS No.	
Fax No.		Personal Mobile No.			Res. Landline No.		
Staff's Actual Category	General/ SC / ST / OBC / PWD			Appointed against Catg.		Gen. / SC / ST /OBC /PWD	
Home town				Height in cms.			
Mother Tongue				Nationality			
Passport No.(Foreigners)				Blood Group			
Community	Hindu / Muslim / Sikh / Christian / Budhist / Jain / Parsi / Jews / Others						
Marital Status				Sub-caste			
Place of Birth				Email id			
Identification Mark 1							
Identification Mark 2							
Present Address Line 1							
City/District			State			Pin Code	
Permanent Address Line 1							
City/District			State			Pin Code	
<u>Educational Information</u>							
Degree	Subject	Year	University	Percentage	Rank in Numbers	Division In Roman	
<u>Dependents on employee</u>							
Name of Dependent		Birth Date	Relationship	Occupation	LTC Member	CHSS Member	
					Yes / No	Yes / No	
					Yes / No	Yes / No	
					Yes / No	Yes / No	
					Yes / No	Yes / No	
					Yes / No	Yes / No	
<u>Past Experiance</u>							
Name of Organisation	Location	Organisatn. Type	Basic (Pay+G.P.)	Designation	From (DD/MM/YYYY)	To	Qualifying Service

I certify that the above information given by me is correct and complete to the best of my knowledge and belief.

(Pl. attach documentary proof wherever necessary)

Signature of the employee