

INDIVIDUAL INFORMATION TO BE FURNISHED BY EACH EMPLOYEE

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1. Name of the employee :
2. Present Post held with total monthly emolument :
3. Date of birth ( Copy of Matriculation Certificate/Admit Card be attached) :
4. Whether SC, ST, OBC/MOBC (Certificate be attached) :
5. Whether physically challenged person. If yes attach certificate.
6. Name of the School/Institution where working till 31/12/2010. :
7. Date of joining in the School/Institution (Copy of the appointment order be attached) :
8. Period of service in the present School/Institution as on 31./10/2011 :
9. Period of service in any other Educational Institution prior to joining in the present Institution and name and address of such institution indicating date of receiving permission/recognition etc from the Govt. :
10. Educational and Professional Qualification : (Matriculation onward)

Name of Examination	Year of Passing	Name of Board/ Council/ University	Division/Class	Percentage of marks obtained

I do here by solemnly affirm and declare that the information furnished above is true and correct to the best of my knowledge and belief and that I have not provided any misleading or false information, nor have I suppressed any information. I am aware that in case the information furnished above is found to be incorrect or false, I am liable to be prosecuted under the appropriate penal law, and I also fully understand that furnishing of misleading, incorrect or false information and suppression of material information is an offence punishable with imprisonment extending up to three years under this Act.

I further undertake that I will abide by the conduct rules as would be made applicable in my case from time to time by the Government and that I shall faithfully and sincerely discharge my duties as may be assigned to me from time to time under the authority of Government.

Signature of the Employee

Counter signature of the Head of the Institution