

Contract Employee Details

Note : Please read the Guidelines sent by Department before filling the form, in CAPITAL LETTERS in blue/ black ball point pen only. (Please avoid Short Forms and Abbreviations)

1.Key Employment Details	
1.1 Surname (ఇంటి పేరు)	<input type="text"/>
1.2 Full Name	<input type="text"/> <input type="text"/> <input type="text"/>
1.3 Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
1.4 Father / Husband	Father <input type="checkbox"/> Husband <input type="checkbox"/>
Father/Husband Name	<input type="text"/>
1.5 Date of Birth	<input type="text"/> / <input type="text"/> / <input type="text"/> (DD/MM/YYYY)
1.6 Marital Status	Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widow <input type="checkbox"/> Widower <input type="checkbox"/>
1.7 Place of Birth	District <input type="text"/> Mandal <input type="text"/> Village <input type="text"/>
1.8 Place of Initial Appointment:	District <input type="text"/> Mandal <input type="text"/> Village <input type="text"/>
1.9 Post/Designation at first appointment	<input type="text"/>
1.10 Details of localization as per presidential order:	District <input type="text"/> Mandal <input type="text"/> Village <input type="text"/>
1.11 Current Designation / Post	<input type="text"/>
1.12 Office in Which Employee is Working:	<input type="text"/>
1.13 Head of Account of Salary	<input type="text"/>
1.14 Contracting Authority:	<input type="text"/>
1.15 Mobile No	<input type="text"/>
1.16 Personal Email Id	<input type="text"/>
1.17 Personal ID provided by Department	<input type="text"/>
1.18 Community	SC <input type="checkbox"/> ST <input type="checkbox"/> BC-A <input type="checkbox"/> BC-B <input type="checkbox"/> BC-C <input type="checkbox"/> BC-D <input type="checkbox"/> BC-E <input type="checkbox"/> Minority <input type="checkbox"/> Others <input type="checkbox"/>
2. Bank and Other Details	
2.1 First Contract Start Date	<input type="text"/> / <input type="text"/> / <input type="text"/> (DD/MM/YYYY)
2.2 End Date of Present Contract	<input type="text"/> / <input type="text"/> / <input type="text"/> (DD/MM/YYYY)
2.3 GO Number / Preceding's Reference Number and Date:	<input type="text"/>
2.4 PAN	<input type="text"/>
2.5 Aadhar No	<input type="text"/>
2.6 Present Remuneration Per Month	<input type="text"/>
2.7 Other Emoluments	<input type="text"/>

Contract Employee Details

Note : Please read the Guidelines sent by Department before filling the form, in CAPITAL LETTERS in blue/ black ball point pen only. (Please avoid Short Forms and Abbreviations)

2.8 Terms of Payment:	Daily <input type="checkbox"/> monthly <input type="checkbox"/> weekly <input type="checkbox"/> Fort Night <input type="checkbox"/> Others <input type="checkbox"/>
2.9 Bank Name	<input type="text"/>
2.10 District of the Bank Branch	<input type="text"/>
2.11 Bank Branch	<input type="text"/>
2.12 Bank A/C No	<input type="text"/>
2.13 IFS Code	<input type="text"/>

DECLARATION*

The above information is true to the best of my knowledge. I agree to share details of self and family with Government of Andhra Pradesh. I am aware that declaration of wrong details will entail disciplinary action against me.

Employee's Signature

Date:

DDO's Signature

Date: