

NMR/Fulltime Cont /Part Time Cont. /Consolidated wages/ Daily wages 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 Employee ID	<input type="text"/>
1.2 Employee Type	NMR <input type="checkbox"/> Fulltime Cont. <input type="checkbox"/> Part Time Cont. <input type="checkbox"/> Consolidated Wages <input type="checkbox"/> Daily wages <input type="checkbox"/>
1.3 Surname(ఇంటి పేరు)	<input type="text"/>
1.4 Name	<input type="text"/> <input type="text"/> <input type="text"/>
1.5 Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
1.6 Father / Husband	Father <input type="checkbox"/> Husband <input type="checkbox"/>
Father / Husband Name	<input type="text"/>
1.7 Date of Birth	<input type="text"/> / <input type="text"/> / <input type="text"/> (DD/MM/YYYY)
1.8 Marital Status	Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widow <input type="checkbox"/> Widower <input type="checkbox"/>
1.9 Place of Birth	District <input type="text"/> Mandal <input type="text"/> Village <input type="text"/>
1.10 Place of Initial Appointment	District <input type="text"/> Mandal <input type="text"/> Village <input type="text"/>
1.11 Date of Entry into Service:	<input type="text"/> / <input type="text"/> / <input type="text"/> (DD/MM/YYYY)
1.12 Sanction Order / Reference Number:	<input type="text"/>
1.13 Sanction Order / Reference Date:	<input type="text"/> / <input type="text"/> / <input type="text"/> (DD/MM/YYYY)
1.14 Details of localization as per presidential order	District <input type="text"/> Mandal <input type="text"/> Village <input type="text"/>
1.15 Present Category	THOTI <input type="checkbox"/> SWEEPER <input type="checkbox"/> NOT APPLICABLE <input type="checkbox"/>
1.16 Terms of Payment	Daily <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> For Night <input type="checkbox"/> Others <input type="checkbox"/>
1.17 Remuneration	<input type="text"/>
1.18 Current Designation/Post	<input type="text"/>
1.19 Highest Qualification	<input type="text"/>
1.20 Office in Which Employee is Working:	<input type="text"/>
1.21 Head of Account:	<input type="text"/>
1.22 Are there any breaks in the service who joined before(25-11-1993)	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, Start Date	<input type="text"/> / <input type="text"/> / <input type="text"/> (DD/MM/YYYY)
If Yes , End Date	<input type="text"/> / <input type="text"/> / <input type="text"/> (DD/MM/YYYY)
If yes, Start Date	<input type="text"/> / <input type="text"/> / <input type="text"/> (DD/MM/YYYY)

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If Yes , End Date	<input type="text"/> / <input type="text"/> / <input type="text"/> (DD/MM/YYYY)
1.23 Mobile No.	<input type="text"/>
1.24 Personal E-Mail Id	<input type="text"/>
1.25 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 key Details	
2.1 Aadhar No	<input type="text"/>
2.2 PAN No	<input type="text"/>
2.3 Bank Name	<input type="text"/>
2.4 District of the Bank Branch	<input type="text"/>
2.5 Bank Branch	<input type="text"/>
2.6 Bank A/C No	<input type="text"/>
2.7 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.

Individual's Signature

Date:

DDO's Signature

Date: