

# Employee Particulars Form for Regular/Guest/Part-time Teachers (2014-15)

Please refer to the guidelines on the back of the form before filling up the details.

## Employee Details

1. Employee Name: \_\_\_\_\_ 2. Gender: \_\_\_\_\_  
3.a. Employee ID: \_\_\_\_\_ 3.b. School Code: (Ed. Deptt) \_\_\_\_\_  
4. Designation: \_\_\_\_\_ 5. Employee GPF Number: \_\_\_\_\_  
6. Subjects Taught: \_\_\_\_\_ 7.a. Date of joining service: dd/mm/yyyy  
7.b. Date of joining current institution: dd/mm/yyyy 8. Type of current post held: \_\_\_\_\_  
9. Date of Regularization (If applicable): dd/mm/yyyy 10. Total Rural stay of employee: \_\_\_\_ years \_\_\_\_ months

### 11. Details of Awards being received:

Award 1	Type of Award: _____	Date of Receiving Award: <u>dd/mm/yyyy</u>
Award 2	Type of Award: _____	Date of Receiving Award: <u>dd/mm/yyyy</u>
Award 3	Type of Award: _____	Date of Receiving Award: <u>dd/mm/yyyy</u>

- 12a. Mobile number (10-digit): \_ \_ \_ \_ \_ 12b. Email ID: \_\_\_\_\_

- 13a. Physically handicapped (PH) status: \_\_\_\_\_ 13b. If PH, Specify the percentage: \_\_\_\_\_ %  
13c. Terminal Illness \_\_\_\_\_ (Yes/No) 13d. If yes, Type of Illness: \_\_\_\_\_

14. Whether Ex-Serviceman/woman : \_\_\_\_\_ (Yes/No) 14.a If yes, from dd/mm/yyyy to dd/mm/yyyy

15. Date of last LTC (If applicable): dd/mm/yyyy

16. Marital status: \_\_\_\_\_ 17. If divorced, date of divorce: dd/mm/yyyy

## Spouse Details (If married)

18. Spouse name: \_\_\_\_\_  
19. Spouse occupation: \_\_\_\_\_ 19.a If Govt. employee, specify type: \_\_\_\_\_  
19.b Spouse's employee ID, if Haryana School Education department employee: \_\_\_\_\_  
20. Spouse's Physically handicapped (PH) status: \_\_\_\_\_ 20.a Specify the percentage, if PH: \_\_\_\_\_ %  
21. Terminal Illness \_\_\_\_\_ (Yes/No) 21.a If yes, Type of Illness: \_\_\_\_\_

## Dependents details (If applicable) – Leave blank in case of no child. Note: Add extra sheets if applicable.

22. Child 1 Name: \_\_\_\_\_ 23. D.O.B\*: dd/mm/yyyy 24. Gender: \_\_\_\_\_  
25. Physically handicapped (PH) status: \_\_\_\_\_ 25.a Specify the percentage, if PH: \_\_\_\_\_ %  
26. Terminal Illness \_\_\_\_\_ (Yes/No) 26.a If yes, Type of Illness: \_\_\_\_\_

27. Child 2 Name: \_\_\_\_\_ 28. D.O.B\*: dd/mm/yyyy 29. Gender: (M/F)  
30. Physically handicapped (PH) status: \_\_\_\_\_ 30.a Specify the percentage, if PH: \_\_\_\_\_ %  
31. Terminal Illness \_\_\_\_\_ (Yes/No) 31.a If yes, Type of Illness: \_\_\_\_\_

32. Child 3 Name: \_\_\_\_\_ 33. D.O.B\*: dd/mm/yyyy 34. Gender: (M/F)  
35. Physically handicapped (PH) status: \_\_\_\_\_ 35.a Specify the percentage, if PH: \_\_\_\_\_ %  
36. Terminal Illness \_\_\_\_\_ (Yes/No) 36.a If yes, Type of Illness: \_\_\_\_\_

37. Child 4 Name: \_\_\_\_\_ 38. D.O.B\*: dd/mm/yyyy 39. Gender: (M/F)  
40. Physically handicapped (PH) status: \_\_\_\_\_ 40.a Specify the percentage, if PH: \_\_\_\_\_ %  
41. Terminal Illness \_\_\_\_\_ (Yes/No) 41.a If yes, Type of Illness: \_\_\_\_\_

\*D.O.B: Date Of Birth

## Guidelines for filling the Employee Particulars Form

- 1. Employee Name:** Employee's full name, in FirstName MiddleName LastName format. E.g: Sumit Kumar Sharma.
- 2. Gender:** 1=Male; 2=Female; 3=Others **3a. Employee ID:** Employee's Unique ID as provided by School Education Department
- 3b. School Code:** School or Institution Code where employee is stationed (Education Department code)
- 4.Designation:** 1=JBT; 2=Master; 3=Middle Head; 4=Head Master; 5=Lecturer; 6=Principal; 7=BEO; 8=BEE0; 9=Deputy DEO; 10=Principal-DIET; 11=DEEO; 12=DEO; 13=Other-Please specify in the given space.
- 5. Employee GPF Number:** Provide the GPF number.
- 6.Subject Taught:** 1=English; 2=Hindi; 3=Mathematics; 4=Science; 5=Social Studies; 6=Sanskrit; 7=Punjabi;8=Urdu; 9=Drawing; 10=Music; 11=Dance; 12=Home Science; 13=Animal Husbandry; 14=Physical Education; 15=Agriculture; 16=Computer Science; 17=Physics; 18=Chemistry; 19=Biology; 20=Biotechnology; 21=Engineering Drawing; 22=Information Technology; 23=History; 24=Political Science; 25=Public Admin; 26=Geography; 27=Economics; 28=Sociology; 29=Psychology; 30=Philosophy; 31=Fine Arts; 32=Audit; 33=Marketing and salesmanship; 34=Office Secretary-ship and Stenography in English; 35=Office Secretary-ship and Stenography in Hindi; 36=Business Studies; 37=Accountancy; 38=Entrepreneurship; 39=Other-please specify.
- 7.a. Date of joining service:** Date on which teacher joined service of department (for all types of teachers)
- 7.b. Date of joining current institution:** Date on which teacher joined their current institution / school
- 8. Type of post:** 1=Regular; 2=Contract/Guest-Full time; 3=Contract/Guest-Part time; 4=Other-Please specify.
- 9. Date of Regularization:** Date on which guest/contract teacher was regularized. (If you joined department directly on regular basis, please leave empty) E.g: 13/09/2002.
- 10. Total Rural Stay:** Provide the no of months & years of total rural stay. E.g: for 4years, 6 months, write – 04years 06months.
- 11. Awards Data (Fill if applicable, leave blank if no Award received):**  
**Type of Award:** 1=State Government academic award; 2=State Government non-academic award; 3=Government of India academic award; 4=Government of India non-academic award  
**Date of Receiving the Award:** Specify the date in dd/mm/yyyy format. E.g: 26/10/2010.
- 12a. Mobile number:** 10-digit mobile number of employee. E.g. 9971222000
- 12b. Email ID:** Email ID of employee (if available). eg. [abc@gmail.com](mailto:abc@gmail.com)
- 13a. Physically handicapped status:** 1=not physically handicapped; 2=low vision; 3=locomotor PH(Physically Handicapped); 4=deaf & dumb; 5= Other-Please specify.
- 13b. Percentage of Physically Handicapped:** specify the percent. E.g: 53%.
- 13c. Terminal Illness:** Specify Yes/No for terminal illnesses: Advanced Cancer, Advanced Heart Disease, Full blown AIDS, Other.
- 13d. Type of Terminal illness:** 1=Advanced Cancer; 2=Advanced Heart Disease; 3=Full blown AIDS; 4=NO Terminal Illness; 5= Other-Please specify.
- 14. Whether Ex-Serviceman:** Specify whether the employee has been an ex-military/paramilitary personnel. 1=Yes; 2=No.
- 14.a: Period of military service:** Specify the dates of joining and leaving the military service.
- 15. Date of taking the last LTC (If applicable):** specify the date when the last LTC was taken in dd/mm/yyyy format. E.g: 23/10/2012.
- 16. Marital Status:** 1=Married; 2=Single; 3=Divorced; 4=Widow(er); 5=Separated.
- 17. Date of Divorce:** specify the date when divorced legally in dd/mm/yyyy format. E.g: 27/03/2011. Leave empty if not applicable.
- 18. Spouse Name:** Name of husband/wife as FirstName MiddleName LastName(leave empty if unmarried). E.g: Sumit Das Sharma.
- 19. Spouse Occupation:** 1=Government Servant; 2=Self Employed; 3=Private job; 4=Farmer; 5= Other-Please specify
- 19.a Government Employee:** 1=Central Govt; 2=Govt of Haryana employee; 3=Other state govt employee; 4=Military/Paramilitary; 5=Other-Please specify
- 19.b Spouse Employee ID:** Provide husband/wife's Employee ID if he/she is employee in School Education Department (Government of Haryana). Leave blank if unmarried or if spouse is not a Dept. of School Education employee.
- 20. Physically handicapped status :** 1=not physically handicapped; 2=low vision; 3=locomotor PH(Physically Handicapped); 4=deaf & dumb; 5= Other-Please specify.
- 20.a Percentage of Physically Handicapped:** specify the percent. E.g: 53%.
- 21. Terminal Illness:** Specify Yes/No for terminal illnesses - Advanced Cancer, Advanced Heart Disease, Full blown AIDS, Other.
- 21.a Type of Terminal illness:** 1=Advanced Cancer; 2=Advanced Heart Disease; 3=Full blown AIDS; 4=NO Terminal Illness; 5= Other-Please specify.
- For fields from 21 to 40, please follow the following instructions:**
- 22, 27, 32, 37: Child Name:** Child's full name, in in FirstName MiddleName LastName format. E.g: Sumit Kumar Sharma.
- 23, 28, 33, 38: DOB(Date of Birth):** specify in the format: dd/mm/yyyy, e.g: 02/01/1994
- 24, 29, 34, 39: Gender:** 1=Male; 2=Female; 3=Others
- 25, 30, 35, 40: Physically handicapped status :** 1=not physically handicapped; 2=low vision; 3=locomotor PH(Physically Handicapped); 4=deaf & dumb; 5= Other-Please specify.
- 25.a, 30.a, 35.a, 40.a: Percentage of Physically Handicapped:** specify the percent. E.g: 53%.
- 26, 31, 36, 41: Terminal illness:** Specify if Yes/No.
- 26.a, 31.a, 36.a, 41.a: Type of Terminal Illness:** Specify Yes/No w.r.t the following terminal illnesses - Advanced Cancer, Advanced Heart Disease, Full blown AIDS, Other.