



Employee id: _____

Employee Name: _____

Designation: _____

Department: _____

A. Employee Personal Details

1. Personal Information Details

Title* (Mr/Mrs/Ms)		First Name*		Middle / Last name*	
Date Of Birth*		Date of Retirement		Gender* (M/F)	
Caste Category*	<ul style="list-style-type: none"> • General • SC • ST • OBC • PH – Physical Handicap 	Blood Group		Nationality*	
				Religion	
Birth Place		Marital status* (Married/ Unmarried)		(If Married) Spouse Name	
Spouse Nationality		Is Spouse is in Govt. service (yes/No)		Spouse Occupation	
PAN Number		Physically Handicap (Yes/No)		GPF A/C No.	
Identification Mark*		Father's Name*		Mother's Name*	
		Father's Occupation		Mother's Occupation	
Height		Present Address (With pin code, City & State) *			
Office no. *		Permanent Address (With pin code , City & State) *			
Phone no*		Mobile no*		Email address	



Employee id: _____ Employee Name: _____

2. Family Members Details

S. No	Member Name*	Date Of Birth	Relation With Member*	Occupation*	Gender*	Marital Status*	Dependent (Y/N)	Income Rs PM

3. Qualification Details

S. No	Qualification Type* • Technical • Non - Technical	Qualification Name*	Passing Year*	Discipline	College / Institute Name*	Board /university	Grade / Percentage*	Duration*	Course Type* • Regular • Part Time Correspondence

4. Departmental Examination

Sr. No	Name of Examination	Papers passed	Month/Year of passing



Employee id: _____ Employee Name: _____

5. Language Details

S. No.	Language Type*	Language*
	<ul style="list-style-type: none">• Mother Tongue• Regional Language known• Foreign Language known	<ul style="list-style-type: none">• Hindi• Punjabi• Urdu• English

6. Nominee Details

S. No.	Nominee Name*	Nominee For *	Relation*	Fraction (e.g. 40% or 100%) *	Phone no.	Address
		<ul style="list-style-type: none">• CPF• GPF• GIS				

7. Experience (prior to UHBVN)

S. No.	Employer Name*	Functional Domain (e.g. Accounts, Finance, HR)	Total Experience (e.g. 1 year – 4 months) *

Date: _____

Signature of Employee _____



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B. Establishment Details

8. Appointment Details

Order No: * Order Date*	Appointing Authority*	Recruitment Type* (Direct/ Indirect)
Recruitment Mode* (regular, adhoc, Temp, Trainee)	Department*	Grade* (Gazetted Technical Non-Gazetted Technical Gazetted Non-Technical Non-Gazetted Non-Technical)
Designation* Department*	Location Type (HQ, Circle, division, Sub Division)	Posting Station*
Employee Type (temp, Permanent)	Office / Field Staff *	Joining Date * Joining Time (forenoon/after noon)
Appointment Against Reservation (General, SC,ST,OBC,PH)		



Employee id: _____ Employee Name: _____

11. (i) Suspension

Sr. No	Designation	Order* no Order* date	Issuing Authority*	Effective Date*	Period From Date*	Period To Date*	Penalty*	Subsistence allowance (%)*	Suspended From	HQ during suspension	Suspension Reason*

11 (ii) Reinstatement

S.NO	Designation	Order* no Order* date	Suspension Order No.	Effective Date*	Revocation Details*	Issuing Authority*



Employee id: _____ Employee Name: _____

12. (i) Deputation

S.No.	Designation	Order* no Order* date	Pay Scale	Current Basic	Issuing Authority *	Reliving Date*	Old Locatio n	New Office Name *	New Location *	Joinin g date*	Tenure

12. (ii) Repatriation

S.NO	Designation	Order no Order date	Office Name	Retention Date*	Remarks

13. Relieving

S. No.	Employee Name	Reliving Date*	Cause* (Repatriation Retirement Resign Others)



Employee id: _____

Employee Name: _____

14. (i) Court Cases

Employee Name	Designation
Case no*	Case filed by UHBVN / Against UHBVN
Date of case Filing*	
File No.*	Case Title
Relief sought /Prayer	Party Name
Name of Court and Location	

14 (ii) Decision (In brief)

Note: use separate sheet for each case



Employee id: _____ Employee Name: _____

15. (i) **Showcase Notice/ Charge sheet Details**

SCN/ Charge Sheet No. _____ SCN/ Charge Sheet Date: _____

Brief SCN/ Charge Sheet Notice Summary:
Statement of allegations: (in brief)

Decision Order No _____ Decision/Order Date: _____
Brief Decision:

15 (ii) (a) **Appealing Details**

Appealing Authority Type: 1st /2nd /Mercy 1st /Mercy 2nd
Name of Appeal Authority: _____ Appealing Date: _____

Appeal Ground:

Appeal Decision:

(b)Appealing Details

Appealing Authority Type: 1st /2nd /Mercy 1st /Mercy 2nd
Name of Appeal Authority: _____ Appealing Date: _____

Appeal Ground:

Appeal Decision:

Note: use separate sheet for each case

Signatures of _____

Date: _____

Designation: _____



Employee id: _____ Employee Name: _____

18. Promotion

Sr. No.	Current Designation	Order* no & Order* date	New Classification* (Gazetted Technical Non-Gazetted Technical Gazetted Non-Technical Non-Gazetted Non-Technical)	New Pay Scale	New Designation*	Date Of Fixation*	effective Date*	Issuing Authority	Next Increment Date*	Pay Commission Effective Date* (If any)	Pay Fixation Reason*



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19. (I) Transfer

S.NO	Designation	Current Station/Place of Posting	Pay Scale	Transfer Type* (Inter office, Inter Circle, Inter Division, Inter Sub-Division)	Order no* Order date*	New station/Place of Posting *	Reliving Date*	Joining Date*	Issuing Authority*

19 (II) Joining

S.NO	Designation	Prev.Place of Posting*	Pay Scale	Transfer Type Inter office, Inter Circle, Inter/Divn, Inter Sub-Division	Order* no Order* date	New. Place of Posting	Joined Date*	Remarks

