

Regular 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 Unique Employee ID provided by DTA/PAO	<input type="text"/>
1.2 Employee Category	Regular <input type="checkbox"/> Re-Employed <input type="checkbox"/> Deputation <input type="checkbox"/> (Please provide the 1.2.1 Deputed from Department if Deputation is selected) (Please provide the 1.2.2 Re-employed is selected)
1.2.1 Deputed From Department	<input type="text"/>
1.2.2 Previous Employment Department:	<input type="text"/>
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 Post/Designation at first appointment	<input type="text"/>
1.11 Date of Entry into Service	<input type="text"/> / <input type="text"/> / <input type="text"/> (DD/MM/YYYY)
1.12 Place of Initial Appointment:	District <input type="text"/> Mandal <input type="text"/> Village <input type="text"/>
1.13 Initial Department	<input type="text"/>
1.14 Details of Local Status as per presidential order:	District <input type="text"/> Mandal <input type="text"/> Village <input type="text"/>
1.15 Current Designation / Post	<input type="text"/>
1.15.1 Employee Status	Gazetted <input type="checkbox"/> Non Gazetted <input type="checkbox"/> LGS <input type="checkbox"/> Others <input type="text"/>
1.16 Local Carder of the Post	District <input type="checkbox"/> Zonal <input type="checkbox"/> Multi Zonal <input type="checkbox"/> State <input type="checkbox"/>
1.17 Office in Which Employee is Working	<input type="text"/>
1.18 Head of Account of Salary	<input type="text"/>
1.19 Is spouse working? (If yes is ticked then Please provide the details from 1.19.1 to 1.19.5)	Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="text"/>
1.19.1 Name of the Office	<input type="text"/>
1.19.2 Office Location	<input type="text"/>
1.19.3 Name of the Spouse	<input type="text"/>
1.19.4 Aadhar No of the Spouse	<input type="text"/>

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1.19.5 Aadhar Enrolment Number of the Spouse	
1.20 Mobile No of the employee	
1.21 Personal E-mail of the employee	
1.22 Personal ID provided by Department (employee)	
1.23 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. Salary Details	
2.1 Scales Applicable	
2.2 Pay Scale	
2.3 Current Basic	
2.4 Next Date of Increment	/ / (DD/MM/YYYY)
2.5 Special Pay	
2.6 Personal Pay	
2.7 Staying in Government quarter	Yes <input type="checkbox"/> No <input type="checkbox"/>
2.8 Standard Rent Paid	(If Staying in Govt Quarters)
3. Bank and Other key Details	
3.1 GPF No	
3.2 PRAN / CPS No	
3.3 APGLI Number	
3.4 Aadhar No	
3.5 Aadhar Enrolment No	
3.6 PAN	
3.7 Ration Card No	
3.8 Bank Name	
3.9 District of the Bank Branch	
3.10 Bank Branch	
3.11 IFS Code	
3.12 Bank A/C Number for Entry of Salary	
3.13 Contribution to EHS by	Self <input type="checkbox"/> Spouse <input type="checkbox"/> Exemption <input type="checkbox"/>
4. Employee Residential Address	
4.1 Street/Road/Lane	
4.2 Landmark	
4.3 Area/Locality/Sector	
4.4 District	
4.5 Mandal	
4.6 Village/Town/City	
4.7 PIN code	

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Dependent Family Member Details																																															
No	Relationship	Name	Gender	Date of Birth	Aadhar Number	Disability	Daughter's Marital Status																																								
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Deductions												
NO	Deduction Description	Sanction Date Dd/mm/yyyy	Sanction Ref. No	Sanctioned Amount	Loan No	First Month Adjustment Amount	Total no of Instalments	Interest Instalments	Interest Rate	Instalment Amount	Recovery Start MM/YYYY	Remarks
1												
2												
3												
EHS Contribution					LIC Details							
	EHS	Start Date:	Amount					Policy No	Sum Assured	Monthly Premium	Date of Last Instalment.	Recover Start Month/Year
1												
2												
Allowances						Declaration						
No	Allowances	Amount	Percentage of Basic(%)	Periodicity (Monthly/Quarterly Half Yearly/Yearly)		<p>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</p> <p style="text-align: center;">_____</p> <p>Date : _____ (Employee Signature)</p>						
1												
2												
3												
4												

*Please take additional printouts if required and attach the same to the application.

Date : _____ (DDO's Signature)