

DIRECTORATE SCHOOL EDUCATION, HARYANA

PERSONAL INFORMATION FORM

(1) Employee ID

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(2) Seniority No.

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As on Dated

(3) Personal Detail

Name																								
Designation & Subject																			Middle Head (if yes✓)					
Father's Name																								
Mother's Name																								
Date of Birth																								
Spouse Name																								
Present Home Address (Mention State if other than Haryana)																								

(4) Present place of posting

Posted at	Location of School	School / Office Code
GMS / GGMS / GHS / GGHS / GSSS / GGSSS DEO / BEO / SCERT / DIET / GETTI / BRC / others		
		Date of posting at present place
		Name of Village / City / Block

(5) Functional Scale

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(6) Qualification (Mention Degree Detail, Name of University/Institution, year of passing.)

Qualification	Name of Degree	University / Institution Name	Subjects	Year in which passed
Academic (with the detail of subject in B.A. / B. Sc. / B. Comm)				
Professional (with the detail of subject in B.Ed)				
Any other specialization (complete detail)				

(7) Gender

<input type="checkbox"/> Male	<input type="checkbox"/> Female
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(8) Category Name

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Cat. Code

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(9) GPF No.

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(10) Mode of recruitment on present post.

Direct	Merit No. in selection List	
	Date of Recommendation of SSC / Selection authority (with Date of Selection)	
	Date of Joining	
	Appointment Order No.	
	Order Date	
Regularization	Date of Joining as ADHOC	
	Date of Regularization	
	Regularization Order No.	
	Order Date	
Promotion	Date of Joining	
	Promotion Order No.	
	Order Date	
	Previous Designation	
	Date of Joining of previous post Adhoc / Regular	

(11) Awarded: (if any other)

<input type="checkbox"/> State	<input type="checkbox"/> National	<input type="checkbox"/> Other (please mention) _____
If Yes Year of award		For the post of

(12) Couple Case

Yes	No	If Yes (In case spouse working in Education department mention Place & Designation posting with School Code Otherwise Mention Department Name.	
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(13) Protected Category as per transfer policy (if any) (mark)

<input type="checkbox"/> Widow / Widower	<input type="checkbox"/> Deserted	<input type="checkbox"/> Divorcee	<input type="checkbox"/> Other (mention) _____
<input type="checkbox"/> Ortho Handicap	<input type="checkbox"/> Blind	<input type="checkbox"/> Dumb or Duff	% age handicapped ness _____
<input type="checkbox"/> NSS	<input type="checkbox"/> NCC	<input type="checkbox"/> Scout Guide	

Medical Status (if any mention detail here also attach medical certificates)

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(14) Service Record

Rural Service (mm/yy)				Urban Service (mm/yy)			
All Posting held during his career (beginning from current posting)							
Sr. No.	Designation	Nature of Posting Adhoc / Regular	Period		Place of posting		
			From	To			

(15) Summary of ACRs (Last 10 Years starting with current year)

Sr. No.	Year of Report	Overall Grading	Integrity Doubtful (Y/N)	Any Adverse Entry / Punishment	Any Significant Achievement.	Results of Board Classes Only
1.	2011-2012					
2.	2010-2011					
3.	2009-2010					
4.	2008-2009					
5.	2007-2008					
6.	2006-2007					
7.	2005-2006					
8.	2004-2005					
9.	2003-2004					
10.	2002-2003					

(16) Description of Punishment (if any)

Sr. No.	Year	Punishment	Brief Description
1.			
2.			
3.			
4.			
5.			

Attach details about any other achievement or activates separately (if any)

PLACE:

DATE:

SIGNATURE WITH DESIGNATION

Verified that the information given above is correct and has been checked from the record of the employee.

Signature of Head of Institution with seal.