


Annexure-P1

	<p style="text-align: center;">Government of Haryana Department of School Education Sheet for “My Profile” section on MIS Portal.</p>		
<p># Please read the following instructions carefully before filling the service book form. This document is prepared to help the employees make the information pertaining to their personal profile readily available with them while uploading on the portal.</p> <ol style="list-style-type: none">1. Use CAPITAL letters only.2. Tick (e.g. <input checked="" type="checkbox"/>) wherever applicable and strike-off (e.g. Male / Female) whichever not applicable.3. Fields marked with * are mandatory.4. Please fill correct information. <p>Note: In case, any of the furnished information is found to be false or untrue or misleading or misrepresenting, employee will be held liable for it.</p>			
Basic Profile			
Title *:	Full Name as in service book *:		
Date of Birth (DD/MON/YYYY) *:	Gender *: Male/Female/Transgender		
12 digit Adhaar Number:	Full Name in Hindi*:		
Have you ever changed your name ? Yes/No:	If Yes, Previous Name:		
Reason for Change in Name:			
Place of Birth Details			
Country of birth*:	State *:	District *:	
Sub-district/Tehsil*:		Birth City/Village/Town *:	
Marital Status*: <small>(Refer to guidelines at S.No. 1 below)</small>	If Married, Date of Marriage*:		
Nationality*:	Domicile of Haryana* Yes/No		
Religion*:	Category*:	Caste*: <small>(if belongs to reserved category)</small>	Caste Certificate Number:
Photograph and Signature Details			
Employee must have a passport size colored photo with white background scanned in .jpg format with resolution of 300PPI. The file size should not exceed 500KB. Scanned photograph should be handy on pendrive or computer for uploading.		Employee should put his/her signatures with black ink pen on a white paper and scan it with resolution of 300PPI in black and white mode (Do not use Grey scale or colour) and save it in .jpg format. The file size should not exceed 50KB. Scanned signature should be handy on pendrive or computer for uploading.	
Address Details			
(a) Correspondence Address			
Country*: INDIA	State *:	District *:	
Sub-district/Tehsil*:		City/Village/Town *:	
Address*: Line 1	Line 2:	Line 3:	
Ward Number *:		Landmark:	

PIN *:		Assembly Constituency *:	
Parliamentary Constituency*:		Police Station*:	
(b) Permanent Address			
Is Permanent Address same as Correspondence Address Yes/No (If Yes, no need to fill it up again)			
Country*:		State *:	District *:
Sub-district/Tehsil*:		City/Village/Town *:	
Address: Line 1	Line 2:		Line 3:
Ward Number *:	Landmark:		
PIN *:		Assembly Constituency *:	
Parliamentary Constituency*:		Police Station*:	
(c) Home Town Address			
Is Home Town Address same as Permanent Address Yes/No (If Yes, no need to fill it up again)			
Country*:		State *:	District *:
Sub-district/Tehsil*:		City/Village/Town *:	
Address*: Line 1	Line 2		Line 3
Ward Number *:	Landmark:		
PIN *:		Assembly Constituency *:	
Parliamentary Constituency*:		Police Station*:	
Contact Details			
Land Line Number (if any):		Primary Mobile Number*:	
Alternate Mobile Number:		Primary Email ID*:	
Alternate Email ID:			
Identity Profile			
Permanent Account Number (PAN)*:		GPF/EPF/CPF/UCPF/PRAN (Select any one): No. : (For details, refer guidelines at S.No. 3 below)	
Do you have passport Yes/No*:	If Yes, Passport Number*:		
Date of Issue(DD/MON/YYYY): *	Date of Expiry(DD/MON/YYYY): *	Passport issuing authority*:	
Place of issue:			
Do you have Driving License* Yes/No			
(Driving license Number) * : RTO Code:		License Number:	
Date of Issue(DD/MON/YYYY)*:		Date of Expiry(DD/MON/YYYY) *:	
State from which license is issued*:		License Type*:	
Do you have any disabilities* Yes/No (Fill up in any one or in multiple lines below, as the case may be)			
Vision Impairment (blindness)*: <input type="checkbox"/>	Percentage of disability*:	Do you have the disability certificate issued by district civil surgeon?* Yes/No:	
Vision Impairment (low vision): <input type="checkbox"/>	Percentage of disability*:	Do you have the disability certificate issued by district civil surgeon?* Yes/No:	
Hearing Impairment *: <input type="checkbox"/>	Percentage of disability*:	Do you have the disability certificate issued by district civil surgeon? *Yes/No:	

Hearing Impairment: <input type="checkbox"/>	Percentage of disability*:	Do you have the disability certificate issued by Competent Authority* Yes/No:
Speech Impairment : <input type="checkbox"/>	Percentage of disability*:	Do you have the disability certificate issued by Competent Authority * Yes/No:
Loco motor Impairment : <input type="checkbox"/>	Percentage of disability*:	Do you have the disability certificate issued by Competent Authority* Yes/No:
Do you have any chronic diseases : Yes/No (Fill up in any one or in multiple lines below, as the case may be)		
(i)Chronic Disease Name*:		Chronic Disease Description*:
Date of occurrence of Chronic disease(DD/MON/YYYY)*:		
Do you have the certificate issued by AIIMS (Including its branches in Haryana) / PGI Rohtak / PGI, Khanpur Kalan / Kalpana Chawla Medical College, Karnal / PGI Chandigarh/Duly Constituted Medical Board* Yes/No:		
Chronic Disease Name*:		Chronic Disease Description*:
Date of occurrence of Chronic disease(DD/MON/YYYY)*:		
Do you have the certificate issued by AIIMS (Including its branches in Haryana) / PGI Rohtak / PGI, Khanpur Kalan / Kalpana Chawla Medical College, Karnal / PGI Chandigarh /Duly Constituted Medical Board * Yes/No:		
(ii)Chronic Disease Name*:		Chronic Disease Description*:
Date of occurrence of Chronic disease(DD/MON/YYYY)*:		
Do you have the certificate issued by AIIMS (Including its branches in Haryana) / PGI Rohtak / PGI, Khanpur Kalan / Kalpana Chawla Medical College, Karnal / PGI Chandigarh/Duly Constituted Medical Board * Yes/No:		
(iii)Chronic Disease Name*:		Chronic Disease Description*:
Date of occurrence of Chronic disease(DD/MON/YYYY)*:		
Do you have the certificate issued by AIIMS (Including its branches in Haryana) / PGI Rohtak / PGI, Khanpur Kalan / Kalpana Chawla Medical College, Karnal / PGI Chandigarh/Duly Constituted Medical Board * Yes/No:		
Vital Measurements		
Identification Mark*:		
Blood Group:		Height (in cms.)*:
Weight (in Kgs.) *:	Date of Measurement (DD/MON/YYYY): *	
Educational details (10th onwards)		
Educational Qualification : 10th Class		
Write the country from which you have passed class 10 examination*:		
State from which you have passed class 10 examination*:		
Name of Certifying Body*:		Name of Institution*:
Subjects Studied in Class 10 th *:		
Date of Passing(DD/MON/YYYY)*:		(Evaluation Method Grade System or Marks system)
Grade System Details:		Marks System Details*:
C.G.P.A Obtained:		Marks Obtained*:

Maximum C.G.P.A	Maximum Marks*:
Grade*:	
Educational Qualification : 12th Class	
Stream*:	
Write the country from which you have passed class 12 examination* :	
Select the state from which you have passed class 12 examination*:	
Name of Certifying Body*:	Name of Institution*:
Subjects Studied in Class 12 th *:	
Date of Passing(DD/MON/YYYY)*:	<i>(Evaluation Method Grade System or Marks system)</i>
Grade System Details*:	Marks System Details*:
C.G.P.A Obtained:	Marks Obtained*:
Maximum C.G.P.A*:	Maximum Marks*:
Grade* :	
Educational Qualification : Certificate (Higher secondary, Prep, etc. should also be taken here)	
Write the country from which you have completed certificate* :	
Select the state from which you have completed certification*:	
Certifying Body type(Board/University/other)*:	Name of Certifying Body:
Certificate Name*:	Specialization (If any):
Name of Institution :	
Date of Passing(DD/MON/YYYY)*:	<i>(Evaluation Method Grade System or Marks system)</i>
Grade System Details*:	Marks System Details*:
C.G.P.A Obtained*:	Marks Obtained*:
Maximum C.G.P.A:	Maximum Marks*:
Grade* :	
Educational Qualification : Diploma	
Select the country from which you have completed the diploma*:	
Select the state from which you have completed the diploma*:	
Certifying Body type(Board/University/other)*:	Name of Certifying Body*:
Diploma Level(Advance/Basic/General/Specific)*:	Diploma Name*:
Specialization (If any):	Name of Institution :
Date of Passing(DD/MON/YYYY)*:	<i>(Evaluation Method Grade System or Marks system)</i>
Grade System Details:	Marks System Details*:
C.G.P.A Obtained*:	Marks Obtained*:
Maximum C.G.P.A:	Maximum Marks*:
Grade* :	
Educational Qualification : Degree	
Select the country from which you have completed the degree *:	

Select the state from which you have completed the degree*:	
University Name*:	
Degree Level(Bachelor/Master/Doctor) *:	Degree Name *:
Specialization (If any):	Name of Institution *:
Date of Passing(DD/MON/YYYY)*:	Evaluation Method Grade System or Marks system
Grade System Details*:	Marks System Details*:
C.G.P.A Obtained:	Marks Obtained*:
Maximum C.G.P.A:	Maximum Marks*:
Grade *:	
Select the country from which you have completed the degree *:	
Select the state from which you have completed the degree*:	
University Name*:	
Degree Level(Bachelor/Master/Doctor) *:	Degree Name *:
Specialization (If any):	Name of Institution *:
Date of Passing(DD/MON/YYYY)*:	Evaluation Method Grade System or Marks system
Grade System Details*:	Marks System Details*:
C.G.P.A Obtained:	Marks Obtained*:
Maximum C.G.P.A:	Maximum Marks*:
Grade *:	
Select the country from which you have completed the degree *:	
Select the state from which you have completed the degree*:	
University Name*:	
Degree Level(Bachelor/Master/Doctor) *:	Degree Name *:
Specialization (If any):	Name of Institution *:
Date of Passing(DD/MON/YYYY)*:	Evaluation Method Grade System or Marks system
Grade System Details*:	Marks System Details*:
C.G.P.A Obtained:	Marks Obtained*:
Maximum C.G.P.A:	Maximum Marks*:
Grade *:	
(Attach additional sheets if required for more educational qualifications)	
Family Profile(Other than spouse)	
(i) Relation with Employee(Brother/Daughter/Son/Sister/Father/Mother/Mother-in-law/Father-in-law)*:	
Family Member's Full name as on Aadhaar Card* :	
Aadhaar Number of family member:	
Marital Status of family member*: <small>(Refer to guidelines at S.No. 1 below)</small>	
Mobile Number:	Date of Birth (DD/MON/YYYY)*:

Dependent on Employee?* Yes/No:	
Add Chronic Disease of family member (if any):	
(ii)Relation with Employee(Brother/Daughter/Son/Sister/Father/Mother/Mother-in-law/Father-in-law)*:	
Family Member's Full name as on Aadhaar Card* :	
Aadhaar Number of family member to be added:	
Marital Status of family member*: <small>(Refer to guidelines at S.No. 1 below)</small>	
Mobile Number:	Date of Birth (DD/MON/YYYY)*:
Dependent on Employee?* Yes/No:	
Add Chronic Disease of family member (if any):	
(iii)Relation with Employee(Brother/Daughter/Son/Sister/Father/Mother/ Mother-in-law/Father-in-law)*:	
Family Member's Full name as on Aadhaar Card* :	
Aadhaar Number of family member to be added:	
Marital Status of family member*: <small>(Refer to guidelines at S.No. 1 below)</small>	
Mobile Number:	Date of Birth (DD/MON/YYYY)*:
Dependent on Employee?* Yes/No:	
Add Chronic Disease of family member (if any):	
(iv)Relation with Employee(Brother/Daughter/Son/Sister/Father/Mother/ Mother-in-law/Father-in-law)*:	
Family Member's Full name as on Aadhaar Card* :	
Aadhaar Number of family member to be added:	
Marital Status of family member*: <small>(Refer to guidelines at S.No. 1 below)</small>	
Mobile Number:	Date of Birth (DD/MON/YYYY)*:
Dependent on Employee?* Yes/No:	
Add Chronic Disease of family member (if any):	
(v)Relation with Employee(Brother/Daughter/Son/Sister/Father/Mother/ Mother-in-law/Father-in-law)*:	
Family Member's Full name as on Aadhaar Card* :	
Aadhaar Number of family member to be added:	
Marital Status of family member*: <small>(Refer to guidelines at S.No. 1 below)</small>	
Mobile Number:	Date of Birth (DD/MON/YYYY)*:
Dependent on Employee?* Yes/No:	
Add Chronic Disease of family member (if any):	
Spouse Details	
Spouse Profession (Government Servant, Haryana State Government, other State Government Employee, Self-employed, Private job, Private University, Boards and Corporation, Central University, Labourer, State University, Unemployed, State PSU, Farmer, Central Government, Military Personnel, Para-military Personnel, Central PSU)*:	
Name of Department of Haryana State Government*:	
Enter Aadhaar Number of Spouse:	
Full name as on Aadhaar Card*:	

Employee Code*(if working in same department):		
Mobile Number:	Date of Birth (DD/MON/YYYY)*:	
Add Chronic Disease of spouse (if any):		
Salary Bank Account Details		
e-Salary Code:	Account Holder Name as on Passbook / Cheque book*:	
Account Number *:	Account Type (Current/Saving)*:	
IFSC Number:	Bank Name:	
Branch Name:	Account Status (Active/Inactive)*:	
Emolument Details		
Select the Pay Band *: I / II / III / IV	Grade Pay*:	
Entry Level Pay:	Dearness Pay:	
Special Pay:	House Rent Allowance:	
Total*:	Date from which you are drawing this Grade Pay *:	
Award Details		
Award Type(State Teacher/National Teacher/ National ICT/Other)*:		
Award Name*:	Award Date*:	Order Number*:

Guidelines/ instruction to fill up format:

- 1) To fill up marital status in basic profile or family profile, choose any one of the following:
 - a) Married/Divorced/Widowed/Deserted/Separated/ Never Married
- 2) For landmark, please indicate name of any renowned office, building, historical place, etc. e.g. railway station, airport, bus stand, college, university, etc.
- 3) GPF-General Provident fund, EPF-Employee provident fund, CPF-Central provident fund, UCPF-Unrecognized provident fund, PRAN-Permanent retirement account number.