



- Disability Certificate
- Eligibility Marksheet & Certificate
- Experience Certificate
- Medical Fitness Certificate
- Original Marksheet & Certificate of 10th Std
- Original Marksheet & Certificate of 12th Std
- PG Degree Marksheet & Certificate
- School Leaving Certificate

- Medical Exam Details :

Medical Exam Date :    /    /

Result of Medical Exam : \_\_\_\_\_

- Memos and Non-sanction Leaves :

No. of Memo for Non-sanction leaves : \_\_\_\_\_

No. non paid leaves : \_\_\_\_\_

- Disciplinary Action :

Type of Disciplinary Action : Major / Minor

Type of Disciplinary Action Taken : Debarred from Examination work /Suspension /Others

By Whom was Disciplinary Action Taken : College/ University/ Sanstha/ Board/ Others

Action Applicable Duration : From    /    /                      To    /    /

Action Revoke : No / Yes

If Yes, Revoke Date :    /    /

Revoke Details : \_\_\_\_\_

### Personal Information Details

- **Personal Details :**

- Employee Name in (English) : \_\_\_\_\_

- Employee Name in (Native Language) : \_\_\_\_\_

- Gender : Male / Female

- Date of Birth : \_\_\_\_\_

- Religion : \_\_\_\_\_

- Nationality : \_\_\_\_\_

- Marital Status : ( Single / Married / Divorced / Widow / Separated )

- Height (in centimeters) : \_\_\_\_\_

- Identity mark : \_\_\_\_\_

- Is the Name Changed : Yes / No

If Yes, give the reason : Willingly / After Marriage

Name Change Resolution Reference no : \_\_\_\_\_

Name Change Resolution Reference Date : \_\_\_\_\_

Previous Name : \_\_\_\_\_

Previous Name in Native Language : \_\_\_\_\_



- **Passport Detail :**

Passport Number : \_\_\_\_\_

Issue Date : \_\_\_\_\_

Valid up to : \_\_\_\_\_

Place of Issue : \_\_\_\_\_

State : \_\_\_\_\_

District : \_\_\_\_\_

- **Legal & Social Detail :**

- **Category : Open / Reserved**

If Reserved then Category : (GEN/SC/ST/VJ/DT(A)/NT(1)/NT(2)/NT(3)/OBC/SBC/NB)

Caste : \_\_\_\_\_

- **Physically Challenged : Blindness or low vision /Hearing impaired /**

Locomotor disability or Cerebral Palsy

- **Sport Participation : ( District /University/ Zonal/ State /National /International)**

- **Social Reservation Information :**

- |  |  |
|--|--|
| <input type="checkbox"/> Active-Serviceman/Ward of Active-Serviceman | <input type="checkbox"/> Deserted/Divorced/Widowed Women         |
| <input type="checkbox"/> Ex-Serviceman/Ward of Ex-Serviceman         | <input type="checkbox"/> Freedom Fighter/Ward of Freedom Fighter |
| <input type="checkbox"/> Kashmir Migrant                             | <input type="checkbox"/> Member of Earthquake Affected Family    |
| <input type="checkbox"/> Member of Flood / Famine Affected Family    | <input type="checkbox"/> Member of Project Affected Family       |
| <input type="checkbox"/> Resident of Tribal Area                     | <input type="checkbox"/> Ward of Primary Teacher                 |
| <input type="checkbox"/> Ward of Secondary Teacher                   |  |

- **Languages known :List of Languages**

Sr. No.	Language Name	Speak	Read	Write
1	Bengali	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Gujrathi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Hindi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Kannad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Malayalam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Marathi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Punjabi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Sanskrit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Tamil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Telugu	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Urdu	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- **Critical illness** : ( Brain Tumour/ Heart valve replacement or repaired /Paralysis /Severe Lung disease/Meningitis/ Stroke/ Open Heart Surgery )

### Professional Information

- **Qualification Details** :

Pre-SSC: Qualification I to IX

SSC \_\_\_\_\_

HSC- Qualification - H.S.C.

Marking System - Grade/Percentile/Percentage

Date of Passing -    /    /

Grade - \_\_\_\_\_

Class - (Distinction/First/Second/Third/Pass)

Board- Indian/Foreign

State- \_\_\_\_\_

Board Name- \_\_\_\_\_

School Name- \_\_\_\_\_

Degree :Qualification: \_\_\_\_\_

Marking System - Grade/Percentile/Percentage

Date of Passing -    /    /

Grade - \_\_\_\_\_

Level of Degree: (Advanced/Basic/Bachelor/Doctor/General/Master/Special)

Mode of Learning: (Regular/External/Open/Distance)

Branch/Specialization: \_\_\_\_\_

Class - (Distinction/First/Second/Third/Pass)

University: Indian/Foreign

State- \_\_\_\_\_

University Name: \_\_\_\_\_

Name of College/Institute: \_\_\_\_\_

Special Subject: \_\_\_\_\_

Optional Subjects: \_\_\_\_\_

Diploma : Qualification: \_\_\_\_\_

Marking System - Grade/Percentile/Percentage

Date of Passing -    /    /

Grade - \_\_\_\_\_

Level of Degree: (Advanced/Basic/Bachelor/Doctor/General/Master/Special)

Mode of Learning: (Regular/External/Open/Distance)

Branch/Specialization: \_\_\_\_\_

Class - (Distinction/First/Second/Third/Pass)

University: Indian/Foreign

State- \_\_\_\_\_

University Name: \_\_\_\_\_

Name of College/Institute: \_\_\_\_\_

Qualifying Exam : Eligibility Test

Qualification: \_\_\_\_\_

Marking System - Grade/Percentile/Percentage

Date of Passing - / /

Grade - \_\_\_\_\_

- **Previous Experience :**

Profile Type : Teaching / Non Teaching

Employer Name : \_\_\_\_\_

Employer Address : \_\_\_\_\_

Date of Joining : / /

Date of Reliving : / /

Job Description : \_\_\_\_\_

- **P.G. Teacher Details :**

Recognize as P.G.Teacher : Yes / No

- **Assessor Details :**

Assessor Type :(Examiner / Moderator / Paper setter)

Whether on Panel : Yes /No

Type : Internal / External

Code : \_\_\_\_\_

- **Award Detail :**

Award : (Sanstha/ State/ National/ International)

Award Title : \_\_\_\_\_

Year : \_\_\_\_\_

Award From \_\_\_\_\_

Award for \_\_\_\_\_

Award Detail : \_\_\_\_\_

## Additional Information

- **Publication Details :**

- Publication Type : Book / Research Project

If Research Project then Research Type : Minor / Major

( Furnish information as per APPENDIX-A)

{ for APPENDIX-A download from [www.rayatshikshan.edu](http://www.rayatshikshan.edu)}

- **Conference Details :**

- Nature of Participation : Conference Attended / Conference Organized

( Furnish information as per APPENDIX-B)

{ for APPENDIX-B download from [www.rayatshikshan.edu](http://www.rayatshikshan.edu)}

- **Project Details :**

( Furnish information as per APPENDIX-C)

{ for APPENDIX-C download from [www.rayatshikshan.edu](http://www.rayatshikshan.edu)}

- **Participation :**

- Participation in :

- Membership : Examiner/ Board of Studies /Faculties / Academic Council / Management or Executive Council /Senate
- Worked As : Pro Vice Chancellor / Director of BCUD /Controller of Exam / Dean, Director
- Extra Curricular Activity : NSS Program Officer / Rector of Hostel / NCC Officer / Second Lieutenant / Karmaveer Vidya Prabodhini ( Name of Project)

- **Other Details :**

- Part of NAAC Team : Yes / No

If Yes then Duration (From / / To / / )

Designation : \_\_\_\_\_

Provide Details : \_\_\_\_\_

- Oriented Courses attended :Yes / No if Yes then No. Oriented Courses Attended : \_\_\_\_\_

- Refresher Course attended :Yes / No if Yes then No. Refresher Courses Attended : \_\_\_\_\_

- Is recognize as Research Guide: Yes / No

if Yes Approve no. of University : \_\_\_\_\_

No. of Students guided for M.Phil : \_\_\_\_\_

No. of Students guided for Ph.D. : \_\_\_\_\_

No. of Students guided for MSC. PPPR/MBA/Med/Project : \_\_\_\_\_

- Is any Enquiry going on : Yes / No if Yes give Details : \_\_\_\_\_

- **Sanstha Bodies :**

- Life Member : Yes / No From / / To / /

- Life Worker : Yes / No From / / To / /

- Member of General Body : Yes / No.

- Member of Managing Council : Yes / No. From / / To: / /

- Member of Executive Committee : Yes / No. From / / To: / /

- Member of Higher Education : Yes / No. From / / To: / /

- Member of Co-ordination committee : Yes / No. From / / To: / /

- Member of Karmaveer Vidya Prabodhiani : Yes / No
- Director / Member of Rayat Co-op Bank : Yes / No
- Member of Kutumb Kalyan Yojana : Yes / No
- Member of Sevak Welfare Yojana : Yes / No
- Member of Laxmibai Bhaurao Patil Patpedhi : Yes / No
- Member of Krutadnyata Nidhi : Yes / No      Membership Starting Date :    /    /
- Paying 1% of Annual Package : Yes / No
- How much amount Employee Paying per month : Rs. \_\_\_\_\_

**EMPLOYEE SERVICE HISTORY RECORD :**

**(Note : All records fill from Service Book )**

- **Service Record Type :**

New Appointment – i.e. Employee First Appointment record.

Scale Change : In details fill

Promotion : In detail fill

Transfer Simple : In detail fill

Transfer Promotional : In detail fill

Transfer Placement : In detail fill

Transfer Reported : In detail fill

Transfer Administrative : In details fill

**(Note : Fill each record and Click on Save service record for each record )  
When Employee Total Service Records are saved one by one the finally to build  
Service History Click of Build Service History Button)**

I hereby declare, the above mentioned information is true to the best of my knowledge and information. If in case, any information / document found incorrect, I am responsible for the same and the liabilities of the same will on me.

Name of the Employee : \_\_\_\_\_

Signature : \_\_\_\_\_

I have personally verified the above mentioned information of the employee from his/her Service Book and I assure that it is correct as per records.

\_\_\_\_\_  
Signature of Head of the Office of the college

Name of the College : \_\_\_\_\_

Principal,  
Signature and Seal