

Home Guards/ Anagnwadi Worker/ Anganwadi Helper/

ASHA/Gopal Mitra/Adarsh Raitu/Vidya Volunteer/Other 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 Employee ID	<input type="text"/>
1.2 Employee Type	Homeguard/ Anganwadi Workers/ ASHA/ Mandal Samkya/ Gopal Mitra/ Anganwadi Helper/ Vidya Volunteers/ Village Samkya/ Zilla Samkya/ Village Servant/ Village Revenue Assistants/ Adarsh Raitu/ Others _____ (Please Select the applicable type)
1.3 Surname(ఇంటి పేరు)	<input type="text"/>
1.4 Name	<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	<input type="text"/>
District	<input type="text"/>
Mandal	<input type="text"/>
Village	<input type="text"/>
1.10 Place of Initial Appointment	<input type="text"/>
District	<input type="text"/>
Mandal	<input type="text"/>
Village	<input type="text"/>
1.11 Terms of Payment	Daily <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> For Night <input type="checkbox"/> Others <input type="checkbox"/>
1.12 Remuneration	<input type="text"/>
1.13 Office in Which Employee is Working:	<input type="text"/>
1.14 Head of Account:	<input type="text"/>
1.15 Mobile No.	<input type="text"/>
1.16 Personal E-Mail Id	<input type="text"/>
1.17 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. Bank and Other key Details	
2.1 Date of Entry into Service:	<input type="text"/> / <input type="text"/> / <input type="text"/> (DD/MM/YYYY)
2.2 Aadhar No	<input type="text"/>
2.3 PAN	<input type="text"/>
2.4 Bank Name	<input type="text"/>
2.5 District of the Bank Branch	<input type="text"/>
2.6 Bank Branch	<input type="text"/>

