Outsourced Employee Details  Note: Please read the Guidelines sent by Department before filling the form, in CAPITAL																					
Note : Please read t LETTERS in blue/ bl							-														
·					ey E																
1.1 Surname(ఇంటి పేరు)																				$\perp$	
1.2 Name			Π	Τ	Π	Π	Π							Π		Τ	Π	Π	$\overline{\Box}$	$\overline{T}$	$\neg$
																			匸	士	
1.3 Gender	Mal	le [					Fema	le		1											
1.4 Father / Husband	Fath	ner [					Husba	and													
Father/Husband Name																				$\overline{\mathbb{T}}$	
1.5 Date of Birth			]/[		/					(DD/	MM/	ΎΥΥΥ	)								
1.6 Designation / Post																				$\overline{\mathbb{T}}$	
1.7 Marital Status	Sing	gle		Marı	ied		Divor	ced		Widov	w [	\	Vidov	ver [							
1.8 Office in Which Employee is Working:																			]		
1.9 Aadhar No																					
1.10 EPF No																			]		
1.11 Remuneration per Month																					
1.12 Commission Payable to the Agency for the Post:	Am	ount			Per	centa	ge (%	) [	7												
1.13 Head of Account																			]		
1.14 Personal Mobile No.																					
1.15 Personal E-mail																					
1.16 Community:	sc			<b>БТ</b>		вс-	Α [		вс-	В	ВС	-с [		BC-D			вс-е				
	Min	ority	_	_	Ot	thers		7													
			_	_																	
			٦.٢	_	2. A	\gen	су С	eta	ils	1											
2.1 Contract Start Date:			]/	+	/		<u> </u>		<u> </u>	(DD/I											
2.2 Contract End Date			<u> </u>	<u> </u>	/	<u></u>	<u> </u>	<u> </u>	<u></u>	(DD/	MM/	YYYY	)		_	_	_				
2.3 Contract Ref No			<u> </u>	<u> </u>										<u> </u>	<u> </u>			<u> </u>	L		
2.4 Sanction Order Number & Date		_	┡	╄		<u> </u>	<u> </u>	<u> </u>	<u> </u>			<u> </u>	_								
2.5 Agency Name		<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>				<u> </u>									
2.6 PAN					H	H						H	_	_	_	_	_	_	1		
2.7 Registration Number  Registered with																					
Labour Department:																					
2.8 Service Tax No														Т		Т			1		
2.9 Landmark																			Ħ	$\overline{}$	7
2.10 Street/ Road / Lane										$\overline{\Box}$				Ħ	Ħ	Ħ		Ħ		肀	┪
2.11 Area/ Locality / Sector																			ī	_	
2.12 District			Ħ	<del>†</del>			İ							<del> </del>		Ì			<del>1</del>		
2.13 Mandal		Ħ	Ħ						Ħ			<del> </del>	<u> </u>	Ħ	Ħ	<del>i </del>	Ħ	Ħ	<del>1</del>		
2.14 Village / Town / City			Ħ																1		
2.15 Pin Code			Ħ	Ť			<del>.</del>	-				-	-	1			1	1			
2.16 Telephone			T										(ST	D Cod	e-Tel	ephoi	ne No	: 040	-292	010)	
2.17 Mobile			Ì	Î	Ť																

Finance Department, Government of Andhra Pradesh

2.18 E-mail											
2.19 Bank Name											
2.20 District of the Bank Branch											
2.21 Bank Branch Name											
2.22 Bank A/C No											
2.23 IFS Code											

	DECLARATION*							
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.								
Employee's Signature	Date:							
Employee's signature	Date.							
DDO's Signature	Date:							
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