Self-Declaration Form to be Filled by Employee

GPF/PRAN No *: _____

(I) Employee Personal & Official Details

Photograph

1. Employee Name *: _____

2. Marital Status (Please Tick) *: **Married / Unmarried**

3. Spouse Name (Wife or Husband) *: _____

4. Mother's Name: _____

5. Blood Group: _____

6. Personal Mobile No (For OTP) * _____ **:** _____

7. Official Mobile No (if any): _____

8. Personal Email Id: _____

9. Official Email Id: _____

10. Type of Disability: (Visually Impaired / Deaf & Dumb / Locomotive/ Mental Disorder) Please tick

11. Percentage of Disability: _____

12. If Govt. Quarter allocated (Yes or No): _____

13. Govt Quarter Allocated to Self / Allocated to Spouse (Please Tick if applicable)

14. Residential Address (If not same as entered in Service Book**):**

Address Line 1- _____

Address Line 2- _____

State - _____

District - _____ **Postal Code /PIN-** _____

Date: **Date:**

Place: **Place:**

_____ _____

Officer's Signature **Employee's Signature**

*** marked fields are mandatory**

Self-Declaration Form to be Filled by Employee

GPF/PRAN No *: _____

(II) Educational Qualification Details:

Last Educational Qualification Details *:

1. **Degree:** _____
2. **Course Type (Please Tick):** Correspondence / Distance Learning / Regular
3. **Board/ University/ Institute:** _____
4. **Course Duration (Years):** _____
5. **Marks Obtained (%age):** _____
6. **GPA:** _____
7. **Grade:** _____
8. **Passing Year:** _____
9. **Description:** _____
10. **Acquiring Status (Please Tick):** Education at joining / After joining

Date:

Place:

_____

Officer's Signature

Date:

Place:

_____

Employee's Signature

*** marked fields are mandatory**

Self-Declaration Form to be Filled by Employee

GPF/PRAN No *: _____

(III) Training Details:

Sl. No.	**1**	**2**	**3**
Training Type			
Training Name			
Place (e.g. India / Abroad)			
Institute			
Sponsored By			
From Date			
To Date			
Description			
Certificate Issuing Authority			
Certificate No.			
Certificate Date			

Date:

Place:

_____

Officer's Signature

Date:

Place:

_____

Employee's Signature

*** marked fields are mandatory**