Directorate of Technical Education Department.

तंत्रशिक्षण संचालनालय, महाराष्ट्र राज्य, मुंबई

Sample form for MIS

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| **Sevarth No.** | **Title.** | | **Full Name.** | | | | **Name in Marathi.** | |
|  | Mr.  Mrs.  Ms. | |  | | | |  | |
| **Gender.** | **Date of Birth.**  **(DD/MM/YYYY)** | | **Email** | | | | **Contact Number.**  **(without ‘91’ or ‘0’)** | |
| **Male.**  Female. |  | |  | | | |  | |
| **Appointment Details.** | | | | | | | | |
| **Mode of Selection.** | **Order Number.** | | **Order Date (DD/MM/YYYY).** | | | **Appointment Category**  **(If Nomination or Promotion).** | | |
| **Nomination.**  Promotion |  | |  | | |  | | |
| **Cadre** | | | **Course** | | | **Course Level (If Applicable).** | | **Appointment Designation.** |
| शासकीय अभियांत्रिकी महाविद्यालय, महाराष्ट्र अभियांत्रिकी शिक्षक सेवा गट-अ  **शासकीय तंत्रनिकेतन, महाराष्ट्र तंत्रनिकेतन, शिक्षक सेवा गट-अ.** | | | डिप्लोमा | | | **Diploma**  UG  PG | |  |
| Pay Scale | | |  | | | | | |
| Level  /- | | |
| Current Posting Details. | | | | | | | | |
| **Job Role In Institute** | | | **Post** | | | **Promoted**  **under CAS?** | | **If promoted**  **under CAS then new designation** |
| Teaching  Administrative | | | (Institute will fill this field) | | | Yes / No | | No |
| **Institute Joining Date.** | | **Current Working Status.**  **(Working / on leave / deputation etc.)** | | **Place of Deputation**  **(If On Deputation).** | **Remark (If Any).** | | | |
| Government Polytechnic , Date / /. | | Working | | N.A. | N.A. | | | |
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| **Personal Details.** | | | | | | | | |
| **Employee Father's Name.** | **Employee Mother’s Name.** | | | **Employee Mother Tounge.** | | | **Employee Aadhar Number.** | |
|  |  | | |  | | |  | |
| **Employee PAN Number.** |  | | | | | | | |
| AHYPS4056K |
| **Change In Name** | | | | | | | | |
| **Change In Name.** | **Old Name(if any)** | | | | **Gazette for Name Change.** | | | **Gazette Date.** |
| Yes  **No** | N.A. | | | | N.A. | | | N.A. |
| **Religion Details.** | | | | | | | | |
| **Religion** | **Category** | | | **Cast** | | | **Caste Certificate Number** | |
|  |  | | |  | | |  | |
| **Date of issue of caste certificate.**  **(DD/MM/YYYY)** | **Caste certificate issuing authority** | | | **Caste validity certificate number** | | | **Date of Issue of caste validity**  **(DD/MM/YYY)** | |
|  |  | | |  | | |  | |
| **Name of caste validity certificate Issuing samitee.** |  | | | | | | | |
| Caste Certificate Scrutiny Committee, office of Divisional Social Welfare officer, |
| **Employee Disability Status.** | | | | | | | | |
| **Employee disability status** | | **If disable then PWD type** | | **%of Disability** | | | **Date of Disability** | |
| Yes.  No. | | N.A. | | N.A. | | | By Birth  Date as per PWD Certificate | |
| Date as per PWD Certificate (If applicable) | |  | | | | | | |
| N.A. | |
| Address Details. | | | | | | | | |
| Residential Address. | | | Permanent Address.  Same As Residential Address:- | | | Home Town Address.  Same As Residential Address:- | | |
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| **Additional Details** | | | | | | |
| **Employee Married Status** | |  | | | | |
| Single.  **Married.**  Widowed  Legally Separated | |
| **(If Married fill below Spouse details.)** | | | | | | |
| **Spouse Full Name** | | **Change in Spouse Surname (If any)?** | | **If spouse surname changed, please provide surname** | **Spouse father name** | |
|  | | Yes  **No** | |  |  | |
| **Spouse Mother Name** | | **Is Spouse Employed?** | | **If spouse employed, then**  **name of employer** | **Spouse Designation** | |
|  | | Yes.  **No.** | | N.A. | N.A. | |
| **If Spouse is State Government**  **Employee then put Sevarth ID.** | | **Spouse work Location** | | **Spouse Handicap Status** | No | |
| N.A. | | N.A. | | Yes  **No** |
| Children Details (If Any). | | | | | | |
| Child Number. | Gender. | | Name. | | | Date of Birth (DD/MM/YY) |
| 1 | Male  Female | |  | | |  |
| PWD | **No** | | | | | |
| Yes  **No** |
| 2 | Male  Female | |  | | |  |
| PWD | **No** | | | | | |
| Yes  **No** |

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| Educational Details.  (Please start with 10th std. education) | | | | | | |
| **Level**  **(10,12,Diploma etc..)** | **Discipline**  **(If Applicable)** | **Specialization**  **(If Applicable)** | **Board /**  **University** | **% of marks** | **Class Obtained** | **Passing Year** |
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| Experience Details.   * Do not add your current experience. * Add only experience in DTE institutes or DTE offices. | | | |
| Experience No :- | | | |
| **Mode of Selection** | **Order Number** | **Order Date** | **Appointment Category**  **(if mode of selection is Nomination/Promotion)** |
| Nomination.  Transfer  Promotion |  |  |  |
| **Institute Organization Name** | **Job Role** | **Course/Stream** | **Designation** |
|  | Teaching  Administrative |  |  |
| **Pay Scale** | **Date of Joining** | **End Date** | **Reason For Leaving** |
|  |  |  | Request Transfer  Administrative Transfer  Left  Deputation  Nomination  Any Other |
| If reason for leaving is Deputation, then Deputation Location. | Remarks (ifs Any). |  | |
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| Experience No :- | | | |
| **Mode of Selection** | **Order Number..** | **Order Date.** | **Appointment Category**  **(if mode of selection is**  **Nomination/Promotion).** |
| Nomination  Transfer  Promotion |  |  |  |
| **Institute Organization Name.** | **Job Role.** | **Course/Stream.** | **Designation.** |
|  | Teaching  Administrative |  |  |
| **Pay Scale.** | **Date of Joining.** | **End Date.** | **Reason For Leaving.** |
|  |  |  | Request Transfer  Administrative Transfer  Left  Deputation  Nomination  Any Other |
| If reason for leaving is Deputation, then Deputation  Location. | Remarks(ifs Any). |  | |
|  |  |
| Experience No :- | | | |
| **Mode of Selection** | **Order Number..** | **Order Date.** | **Appointment Category**  **(if mode of selection is**  **Nomination/Promotion).** |
| Nomination  Transfer  Promotion |  |  |  |
| **Institute Organization Name.** | **Job Role.** | **Course/Stream.** | **Designation.** |
|  | Teaching  Administrative |  |  |
| **Pay Scale.** | **Date of Joining.** | **End Date.** | **Reason For Leaving.** |
|  |  |  | Request Transfer  Administrative Transfer  Left  Deputation  Nomination  Any Other |
| If reason for leaving is Deputation, then Deputation  Location. | Remarks(ifs Any). |  | |

Note:-If you have more than 3 experience then print this single page as per your requirement and then attach with this form.

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| Employee Certificate & Verification Details | | |
| **Certificate Name.** | **Certificate Issue Date.** | **If Exemption, then Exemption Certificate Date** |
| Police Verification. |  | N/A |
| Medical Certificate |  | N/A |
| MS-CIT Certificate |  | N/A |
| Marathi / Hindi Exemption Certificate |  | N/A |

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| Employee Probation Details | | |
| **On Probation?** | **If Yes then probation completed?** |  |
| Yes  **No** | **Yes**  No  Gov. Letter Not Received |
| **If on probation and probation completed then fill below details** | | |
| **Probation completion Date** | **Gov. Letter No.** | **Gov. Letter Date** |
|  |  |  |

I, the undersigned, hereby declare that the information given by me in this MIS form is true to the best of my knowledge & belief. If a later stage, it is found that I have furnished wrong information, I am aware about the legal and or penal action as per the provisions of the law.

Employee Name & Signature: -

Date: -