Directorate of Technical Education Department.

तंत्रशिक्षण संचालनालय, महाराष्ट्र राज्य, मुंबई

Sample form for MIS

|  |  |  |  |
| --- | --- | --- | --- |
| **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. |
|  |  |  |  |

|  |
| --- |
| **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:- [ ]  |
|  |  |  |

|  |
| --- |
| **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** |

|  |
| --- |
| 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** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

|  |
| --- |
| 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). |  |
|  |  |

|  |
| --- |
| 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 DeputationLocation. | 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 DeputationLocation. | 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.

|  |
| --- |
| 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 |

|  |
| --- |
| 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** |
|  |  |  |

[x]  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: -