

# DIRECTORATE SCHOOL EDUCATION, HARYANA

## PERSONAL INFORMATION FORM

**(1) Employee ID**

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**(2) Seniority No.**

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**As on Dated**

**(3) Personal Detail**

Name																			
Designation & Subject																Middle Head (if yes✓)			
Father's Name																			
Mother's Name																			
Date of Birth																			
Spouse Name																			
Present Home Address (Mention State if other than Haryana)																			

**(4) Present place of posting**

Posted at	Location of School	School / Office Code
GMS / GGMS / GHS / GGHS / GSSS / GGSSS DEO / BEO / SCERT / DIET / GETTI / BRC / others		
		Date of posting at present place
		Name of Village / City / Block

**(5) Functional Scale**

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**(6) Qualification (Mention Degree Detail, Name of University/Institution, year of passing.)**

Qualification	Name of Degree	University / Institution Name	Subjects	Year in which passed
Academic (with the detail of subject in B.A. / B. Sc. / B. Comm)				
Professional (with the detail of subject in B.Ed)				
Any other specialization (complete detail)				

**(7) Gender**

<input type="checkbox"/> Male	<input type="checkbox"/> Female
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**(8) Category Name**

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**Cat. Code**

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**(9) GPF No.**

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**(10) Mode of recruitment on present post.**

<b>Direct</b>	Merit No. in selection List	
	Date of Recommendation of SSC / Selection authority (with Date of Selection)	
	Date of Joining	
	Appointment Order No.	
	Order Date	
<b>Regularization</b>	Date of Joining as ADHOC	
	Date of Regularization	
	Regularization Order No.	
	Order Date	
<b>Promotion</b>	Date of Joining	
	Promotion Order No.	
	Order Date	
	Previous Designation	
	Date of Joining of previous post Adhoc / Regular	

**(11) Awarded: (if any other)**

<input type="checkbox"/> State	<input type="checkbox"/> National	<input type="checkbox"/> Other (please mention) _____
If Yes Year of award		For the post of

**(12) Couple Case**

Yes	No	If Yes (In case spouse working in Education department mention <b>Place &amp; Designation posting with School Code</b> Otherwise Mention Department Name.	
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**(13) Protected Category as per transfer policy (if any) (mark )**

<input type="checkbox"/> Widow / Widower	<input type="checkbox"/> Deserted	<input type="checkbox"/> Divorcee	<input type="checkbox"/> Other (mention) _____
<input type="checkbox"/> Ortho Handicap	<input type="checkbox"/> Blind	<input type="checkbox"/> Dumb or Duff	% age handicapped ness _____
<input type="checkbox"/> NSS	<input type="checkbox"/> NCC	<input type="checkbox"/> Scout Guide	

Medical Status (if any mention detail here also attach medical certificates)

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**(14) Service Record**

Rural Service (mm/yy)				Urban Service (mm/yy)			
All Posting held during his career (beginning from current posting)							
Sr. No.	Designation	Nature of Posting Adhoc / Regular	Period		Place of posting		
			From	To			

**(15) Summary of ACRs (Last 10 Years starting with current year)**

Sr. No.	Year of Report	Overall Grading	Integrity Doubtful (Y/N)	Any Adverse Entry / Punishment	Any Significant Achievement.	Results of Board Classes Only
1.	2011-2012					
2.	2010-2011					
3.	2009-2010					
4.	2008-2009					
5.	2007-2008					
6.	2006-2007					
7.	2005-2006					
8.	2004-2005					
9.	2003-2004					
10.	2002-2003					

**(16) Description of Punishment (if any)**

Sr. No.	Year	Punishment	Brief Description
1.			
2.			
3.			
4.			
5.			

Attach details about any other achievement or activates separately (if any)

PLACE:

DATE:

SIGNATURE WITH DESIGNATION

Verified that the information given above is correct and has been checked from the record of the employee.

Signature of Head of  
Institution with seal.