Annexure-P1



Government of Haryana

Department of School Education Sheet for "My Profile" section on MIS Portal.

Please read the following instructions carefully before filling the service book form.

This document is prepared to help the employees make the information pertaining to their personal profile readily available with them while uploading on the portal.

- 1. Use CAPITAL letters only.
- 2. Tick (e.g. 🗹) wherever applicable and strike-off (e.g. Male / Female) whichever not applicable.
- 3. Fields marked with * are mandatory.
- 4. Please fill correct information.

Note: In case, any of the furnished information is found to be false or untrue or misleading or misrepresenting, employee will be held liable for it.

Basic Profile								
Title *: Full Name as in service book *:								
Date of Birth (DD/MON/YYYY) *: G				Gender *: Male/Female/Transgender				
12 digit Adhaar Num	ber:		Ful	l Name in Hind	j*:			
Have you ever chang	ed your name ? Ye	es/No: If Ye	es, Pre	evious Name:				
Reason for Change ir	Name:							
Place of Birth De	tails							
Country of birth*:		State *:				District *:		
Sub-district/Tehsil*:				Birth City/Villa	age/	fown *:		
Marital Status*:		If Married, D	ate of	Marriage*:				
Nationality*:	ality*: Domicile of Haryar				/ana* Yes/No			
Religion*:	Category*:	Cast (if belo	Caste*: Ca			aste Certificate Number:		
Photograph ar	d Signature D	etails						
Employee must have a passport size colored photo Em with white background scanned in .jpg format with an resolution of 300PPI. The file size should not Gr exceed 500KB. Scanned photograph should be handy on pendrive or computer for uploading. for			Employee should put his/her signatures with black ink pen on a white paper and scan it with resolution of 300PPI in black and white mode (Do not use Grey scale or colour) and save it in .jpg format. The file size should not exceed 50KB. Scanned signature should be handy on pendrive or computer for uploading.					
Address Detai	ls							
(a) Correspo	ndence Address							
Country*: INDIA		State *:		District *:				
Sub-district/Tehsil*:				City/Village/T	City/Village/Town *:			
Address*: Line 1		Line 2:				Line 3:		
Ward Number *: Landmark:								

PIN *:	Assembly Co	nstituency	*.			
Parliamentary Constituency*:		Police Station*:				
(b) Permanent Address						
Is Permanent Address same as Corre	espondence Address	s Yes/No (If Yes, no need to fill it up again)			
Country*:	State *:		District *:			
Sub-district/Tehsil*:	<u>.</u>	City/V	/illage/Town *:			
Address: Line 1	Line 2:	Line 2: Line 3:				
Ward Number *:	Landmark:	ark:				
PIN *:	Assembly Cor	ssembly Constituency *:				
Parliamentary Constituency*:		Police Station*:				
(c) Home Town Address						
s Home Town Address same as Pern	nanent Address Yes	s/No (If Ye	s, no need to fill it up again)			
Country*:	State *:		District *:			
Sub-district/Tehsil*:		City/V	/illage/Town *:			
Address*: Line 1	Line 2		Line 3			
Ward Number *:	Landmark:					
PIN *:	Assembly Cor	Assembly Constituency *:				
Parliamentary Constituency*:			Police Station*:			
Contact Details		L				
Land Line Number (if any):		Prima	ry Mobile Number*:			
Alternate Mobile Number:			ry Email ID*:			
Alternate Email ID:						
dentity Profile						
Permanent Account Number (PAN)*:		GPF/EPI No. :	F/CPF/UCPF/PRAN (Select any one):			
Do you have passport Yes/No*:	If Yes, Passport Nu	umber*:	, refer guidelines at S.No. 3 below)			
Date of Issue(DD/MON/YYYY): *	Date of Exp	oiry(DD/M	DN/YYYY): * Passport issuing authority*:			
lace of issue:						
o you have Driving License* Yes/No)					
Driving license Number) * : RTO Cod	e:	License Number:				
Pate of Issue(DD/MON/YYYY)*:		Date of Expiry(DD/MON/YYYY) *:				
tate from which license is issued*:		License Type*:				
o you have any disabilities* Yes/No	(Fill up in any one	or in multi	ple lines below, as the case may be)			
'ision Impairment (blindness)*: 🛛	Percentage of disa	ability*:	Do you have the disability certificate issued by district civil surgeon?* Yes/No:			
/ision Impairment (low vision): 🛛	Percentage of disa	ability*:	Do you have the disability certificate issued by district civil surgeon?* Yes/No:			
learing Impairment *: 🛛	Percentage of disa	ability*:	Do you have the disability certificate issued by district civil surgeon? *Yes/No:			

		1.11	Designed to the second second second
Hearing Impairment: 🛛	Percentage of disa	ability*:	Do you have the disability certificate issued by Competent Authority* Yes/No:
peech Impairment : 🛛	Percentage of disa	ability*:	Do you have the disability certificate issued by
			Competent Authority * Yes/No:
oco motor Impairment : 🛛	Percentage of disa	ability*:	Do you have the disability certificate issued by Component Authority* Vos/No:
o vou have any chronic diseases	: Yes/No (Fill up in an	y one or in	multiple lines below, as the case may be)
Chrenia Disease Name*:		hronic Dise	ase Description*
I)Chronic Disease Name*.			
he for the second se			
Date of occurrence of Chronic dise			
Do you have the certificate issued	by AIIMS (Including its	s branches i h/Duly Con	n Haryana) / PGI Rohtak / PGI, Khanpur Kalan / stituted Medical Board*, Yes/No:
alpana Chawla Medical College,	Karriar / PGr Charluigar	Chronic Dise	ease Description*:
Date of occurrence of Chronic dis	ease(DD/MON/YYYY)*:		
Do you have the certificate issued	by AIIMS (Including its	s branches	n Haryana) / PGI Rohtak / PGI, Khanpur Kalan /
(alpana Chawla Medical College,	Karnal / PGI Chandigar	h /Duly Cor	nstituted Medical Board * Yes/No:
ii)Chronic Disease Name*:		Chronic Dise	ease Description*:
Date of occurrence of Chronic dis	ease(DD/MON/YYYY)*	:	
Do you have the certificate issued	by AIIMS (Including it	s branc h es	in Haryana) / PGI Rohtak / PGI, Khanpur Kalan /
Kalpana Chawla Medical College,	Karnal / PGI Chandigar	h/Duly Con	stituted Medical Board * Yes/No:
(iii)Chronic Disease Name*:		Unronic Dis	ease Description*.
Date of occurrence of Chronic dis	ease(DD/MON/YYYY)*	:	
Do you have the certificate issued	d by AIIMS (Including it	s branches	in Haryana) / PGI Rohtak / PGI, Khanpur Kalan /
Kalpana Chawla Medical College,	Karnal / PGI Chandiga	rh/Duly Cor	stituted Medical Board * Yes/No:
Vital Measurements	-		
Identification Mark*:			
Blood Group:		Height (in	cms.)*:
Weight (in Kgs.) *:	Date of Meas	urem <mark>ent</mark> (D	D/MON/YYYY): *
Educational details (10	th onwards)		
Educational Qualification :	10th Class		
Write the country from which yo			
N E	u have passed class 10	examinatio	on*:
State from which you have passe	u have passed class 10 ed class 10 examination	examination*:	on*:
State from which you have passe Name of Certifying Body*:	u have passed class 10 d class 10 examination	examination*:	n*: Institution*:
State from which you have passe Name of Certifying Body*: Subjects Studied in Class 10 ^{th *} :	u have passed class 10 ed class 10 examination	examination*:	n*: Institution*:
State from which you have passe Name of Certifying Body*: Subjects Studied in Class 10 ^{th *} : Date of Passing(DD/MON/YYYY)*	u have passed class 10 ed class 10 examination	examination*: Name of (Evaluat	ion*: Institution*: ion Method Grade System or Marks system)
State from which you have passes Name of Certifying Body*: Subjects Studied in Class 10 ^{th*} : Date of Passing(DD/MON/YYYY)* Grade System Details:	u have passed class 10 ed class 10 examination	examinatic n*: Name of <i>(Evaluat</i> Marks S	ion*: Institution*: ion Method Grade System or Marks system) ystem Details*:

Maximum C.G.P.A	Maximum Marks*:
Grade*:	
Educational Qualification : 12th Class	
Stream*:	
Write the country from which you have passed cla	ass 12 examination* :
Select the state from which you have passed class	12 examination*:
Name of Certifying Body*:	Name of Institution*:
Subjects Studied in Class 12 th *:	
Date of Passing(DD/MON/YYYY)*:	(Evaluation Method Grade System or Marks system)
Grade System Details*:	Marks System Details*:
C.G.P.A Obtained:	Marks Obtained*:
Maximum C.G.P.A*:	Maximum Marks*:
Grade* :	
Educational Qualification : Certificate (Hi	gher secondary, Prep, etc. should also be taken here)
Write the country from which you have completed	certificate* :
Select the state from which you have completed c	ertification*:
Certifying Body type(Board/University/other)*:	Name of Certifying Body:
Certificate Name*:	Specialization (If any):
Name of Institution :	
Date of Passing(DD/MON/YYYY)*:	(Evaluation Method Grade System or Marks system)
Grade System Details*:	Marks System Details*:
C.G.P.A Obtained*:	Marks Obtained*:
Maximum C.G.P.A:	Maximum Marks*:
Grade* :	
Educational Qualification : Diploma	
Select the country from which you have completed	the diploma*:
Select the state from which you have completed th	ne diploma*:
Certifying Body type(Board/University/other)*:	Name of Certifying Body*:
Diploma Level(Advance/Basic/General/Specific)*:	Diploma Name*:
Specialization (If any):	Name of Institution :
Date of Passing(DD/MON/YYYY)*:	(Evaluation Method Grade System or Marks system)
Grade System Details:	Marks System Details*:
erana oʻjotani b'atansi.	
C.G.P.A Obtained*:	Marks Obtained*:
C.G.P.A Obtained*: Maximum C.G.P.A:	Marks Obtained*: Maximum Marks*:

Select the state from which you have completed t	he degree*:
University Name*:	
Degree Level(Bachelor/Master/Doctor) *:	Degree Name *:
Specialization (If any):	Name of Institution *:
Date of Passing(DD/MON/YYYY)*:	Evaluation Method Grade System or Marks system
Grade System Details*:	Marks System Details*:
C.G.P.A Obtained:	Marks Obtained*:
Maximum C.G.P.A:	Maximum Marks*:
Grade *:	
Select the country from which you have complete	d the degree *:
Select the state from which you have completed t	he degree*:
University Name*:	
Degree Level(Bachelor/Master/Doctor) *:	Degree Name *:
Specialization (If any):	Name of Institution *:
Date of Passing(DD/MON/YYYY)*:	Evaluation Method Grade System or Marks system
Grade System Details*:	Marks System Details*:
C.G.P.A Obtained:	Marks Obtained*:
Maximum C.G.P.A:	Maximum Marks*:
Grade *:	
Select the country from which you have complete	ed the degree *:
Select the state from which you have completed	the degree*:
University Name*:	
Degree Level(Bachelor/Master/Doctor) *:	Degree Name *:
Specialization (If any):	Name of Institution *:
Date of Passing(DD/MON/YYYY)*:	Evaluation Method Grade System or Marks system
Grade System Details*:	Marks System Details*:
C.G.P.A Obtained:	Marks Obtained*:
Maximum C.G.P.A:	Maximum Marks*:
Grade *:	
(Attach additional sheets if required for more educational qu	alifications)
Family Profile(Other than spouse)	
(i) Relation with Employee(Brother/Daughter/So	n/Sister/Father/Mother/Mother-in-law/Father-in-law)*:
Family Member's Full name as on Aadhaar Card*	· · · · · · · · · · · · · · · · · · ·
Aadhaar Number of family member:	
Marital Status of family member*:	
(Reter to guidelines at S.No. 1 below) Mobile Number:	Date of Birth (DD/MON/YYYY)*:

Dependent on Employee?* Yes/No:							
Add Chronic Disease of family member (if any):							
(ii)Relation with Employee(Brother/Daughter/Son/Siste	er/Father/Mother/Mother-in-law/Father-in-law)*:						
Family Member's Full name as on Aadhaar Card* :							
Aadhaar Number of family member to be added:							
Marital Status of family member*:							
(Refer to guidelines at S.No. 1 below) Mobile Number:	Date of Birth (DD/MON/YYYY)*:						
Dependent on Employee?* Yes/No:							
Add Chronic Disease of family member (if any):							
(iii)Relation with Employee(Brother/Daughter/Son/Siste	er/Father/Mother/ Mother-in-law/Father-in-law)*:						
Family Member's Full name as on Aadhaar Card* :							
Aadhaar Number of family member to be added:							
Marital Status of family member*:							
(neter to guidelines at S.No. 1 below) Mobile Number:	Date of Birth (DD/MON/YYYY)*:						
Dependent on Employee?* Yes/No:							
Add Chronic Disease of family member (if any):							
(iv)Relation with Employee(Brother/Daughter/Son/Siste	er/Father/Mother/ Mother-in-law/Father-in-law)*:						
Family Member's Full name as on Aadhaar Card* :							
Aadhaar Number of family member to be added:							
Marital Status of family member*:							
Mobile Number: Date of Birth (DD/MON/YYYY)*:							
Dependent on Employee?* Yes/No:	L						
Add Chronic Disease of family member (if any):							
(v)Relation with Employee(Brother/Daughter/Son/Siste	r/Father/Mother/ Mother-in-law/Father-in-law)*:						
Family Member's Full name as on Aadhaar Card* :							
Aadhaar Number of family member to be added:							
Marital Status of family member*: (Refer to guidelines at S. No. 1 below)							
Mobile Number:	Date of Birth (DD/MON/YYYY)*:						
Dependent on Employee?* Yes/No:	L						
Add Chronic Disease of family member (if any):							
Spouse Details							
Spouse Profession (Government Servant, Haryana State employed, Private job, Private University, Boards and Co Unemployed, State PSU, Farmer, Central Government, M	Government, other State Government Employee, Self- orporation, Central University, Labourer, State University, Ailitary Personnel, Para-military Personnel, Central PSU)*:						
Name of Department of Haryana State Government*:							
Enter Aadhaar Number of Spouse:							
Full name as on Aadhaar Card*:							

Employee Code*(if work	ing in same dep	artment):					
Mobile Number:			Date of Birth (DD/MON/YYYY)*:				
Add Chronic Disease of s	pouse (if any):		L				
Salary Bank Acco	unt Details						
e-Salary Code:	Account	Account Holder Name as on Passbook / Cheque book*:					
Account Number *:	,		Account Type (Current/Saving)*:				
IFSC Number:	SC Number: Bank Nam			ne:			
Branch Name:			Account Status (Active/Inactive)*:				
Emolument Deta	ils						
Select the Pay Band *: / II / III / IV			Grade Pay*:				
Entry Level Pay:			Dearness Pay:				
Special Pay:			House Rent Allowance:				
Total*:		Date from w	n which you are drawing this Grade Pay *:				
Award Details			· · · · · · · · · · · · · · · · · · ·				
Award Type(State Teach	er/National Tea	acher/National I	CT/Other)*:				
Award Name*:		Award Date*	:	Order Number*:			

Guidelines/ instruction to fill up format:

- 1) To fill up marital status in basic profile or family profile, choose any one of the following:
 - a) Married/Divorced/Widowed/Deserted/Separated/ Never Married
- 2) For landmark, please indicate name of any renowned office, building, historical place, etc. e.g. railway station, airport, bus stand, college, university, etc.
- 3) GPF-General Provident fund, EPF-Employee provident fund, CPF-Central provident fund, UCPF-Unrecognized provident fund, PRAN-Permanent retirement account number.

Annexure-P2



	r						
Designation*:					Location Area Category*	Rural / Ur	ban
Posting/Transfer Ord	er Nu	mber*:					
Date of Order*(In DD-M	ON-				Date of Joining*(In DD-		
YYYY format only) :					MON-YYYY format only) :		
A (ii): Posting Details							
School / Office Name	*:						
Designation*:					Location Area Category*	Rural / Url	ban
Posting/Transfer Ord	er Nui	mber*:					
Date of Order*(In DD-M	ON-				Date of Joining*(In DD-		
YYYY format only) :					MON-YYYY format only):		
Date of Relieving* (In D	D-MON-	YYYY format only	:			· · · · ·	
		Promotod	/ Tr	ancfor	od (Doputed / Depetricited	/ /	
Reason For Leaving*.		Resignatio	/ 11 n / 1	Rotirod	/ Voluntary Potirod / Tarmi	/ Forgone /	
incusion for Leaving .		Suspended / Dismissed					
A (iii): Posting Details			1/0				
					· · · · · · · · · · · · · · · · · · ·		
School / Office Name	*:						
Designation*:	Designation*: Location Area Category*: Rural / Urb					ban	
Posting/Transfer Orde	er Nur	nber*:					
Date of Order*(In DD-MO	DN-				Date of Joining*(In DD-		
YYYY format only):					MON-YYYY format only) :		
Date of Relieving*(In D	D-MON-	YYYY format only)	:				
		Promoted	/ Tra	ansferr	ed / Deputed / Repatriated ,	/ Forgone /	
Reason For Leaving*:		Resignation / Retired / Voluntary Retired / Terminated /					
		Suspended	/ D	ismisse	ed		
<u>A (iv)</u> Posting Details							
School / Office Name	*:						
Designation*:					Location Area Category*:	Rural / Urb	ban
Posting/Transfer Orde	er Nur	nber*:					
Date of Order*(In DD-MC)N-				Date of Joining*(In DD-		
YYYY format only):					MON-YYYY format only):		
Date of Relieving*(In D	D-MON-Y	'YYY format only)	:				
Reason For Leaving*: Promoted / Transferr				ansferr	ed / Deputed / Repatriated /	Forgone /	
(Attach additional sheets if requi	red for n	nore postings)					

B. Add Appointmer	nt Details	(Please start	with fillin	g up the details of in	itial ap	pointment
and so on)						
Cadre* :			Po	st * :		
Appointment Order	Number*	' :				
Type of Appointme	nt* :	Substar	ntive / Offi	ciating / Contractual		
Date of Appointme	nt* (In DD-N	10N-YYYY format c	only):			
Mode of Recruitme	nt* :	Direct / By Repatriatio	Promotior n / By Dep	n / By Transfer / By Re outation / By Regulari	eversior zation /	n / By Taken Over
Advertisement Number :				Recruitment Exam Roll Number :		
Merit Number :						
Category under wh	ich the en	nployee is ap	pointed :	General / SC / SBC	C/BC-A	/ BC-B
Selection Authority :					····	
Date of Recommer	dation by	Selection Au	ithority* (I	n DD-MON-YYYY format only):		
<u>B (i)</u> : Posting Detai	ls					
School / Office Nar	ne * :					
Designation*:				Location Area Cate	gory*:	Rural / Urban
Posting/Transfer O	rder Num	ber*:				
Date of Order*(In DI YYYY format only) :	D-MON-			Date of Joining*(In DD- MON-YYYY format only):		
Date of Relieving*	In DD-MON-Y	'YY format only):				
Reason For Leaving	g*:	Promoted / Suspended	Transferre	d / Deputed / Repatr	iated / I	Forgone /
<u>B (ii)</u> : Posting Deta	nils					
School / Office Nai	me * :					
Designation*:				Location Area Cate	gory*:	Rural / Urban
Posting/Transfer C	rder Num	ber*:				
Date of Order*(In D YYYY format only) :	D-MON-			Date of Joining*(In DD- MON-YYYY format only):		
Date of Relieving*	(In DD-MON-Y	YYY format only):				
Reason For Leavin	g*:	Promoted / Suspended	Transferre	ed / Deputed / Repatr	iated /	Forgone /
<u>B (iii)</u> : Posting Det	ails					
School / Office Na	me * :					

Designation*:				Location Area Category	*:	Rural / Urban
Posting/Transfer Order Number*:						
Date of Order*(In DD-MON- YYYY format only) :			Date of Joining*(In DD- MON-YYYY format only) :			
Date of Relieving'	YYYY format only):					
Reason For Leavir	Promoted / Suspended	Transferr	ed / Deputed / Repatriate	d / F	Forgone /	
<u>B (iv)</u> : Posting De	tails					
School / Office Na	ame *:					
Designation*:				Location Area Category	*:	Rural / Urban
Posting/Transfer	Order Nur	nber*:				· · · · · · · · · · · · · · · · · · ·
Date of Order*(In DD-MON- YYYY format only) :				Date of Joining*(In DD- MON-YYYY format only) :		
Date of Relieving*	(In DD-MON-Y	(YYY formationly):				
Reason For Leaving*:		Promoted / ⁻ Suspended	Transferr	ed / Deputed / Repatriate	d / F	orgone /
(Attach additional sheets if required for more postings)						

Guidelines to fill up the Service Book Details:

- 1. Appointment Details: This section contains 2 sub-sections (i) Appointment Details and; (ii) Posting Details.
 - (a) In "Appointment Details" section (A), the employee needs to start filling up his appointment details from his/her current designation i.e. His/her current "cadre", "post", "type of appointment", "date of appointment" on "current designation" etc. and then fill up his/her all posting details on current designation in subsequent multiple sub-sections of "posting details"[A(i)-A(iv)]. For Example, If an employee is currently working on the post of Principal he/she should first fill up the appointment details pertaining to the post of Principal in "Appointment Details" sub-section (A) and then fill up the "Posting Details" (name of school/ office, designation, posting order no., date of joining etc.) on the post of Principal in various schools he/she has served, in the "Posting Details" sub-section [A(i)-A(iv)].

(b) Add Appointment Section (B): In this section, the employee needs to fill up details of his/her earlier appointments and posting details in various schools/ offices. (The fields shall be same as mentioned in Para 1 (a) above). For Example, an employee who is presently working as Principal will fill up details of his/her previous designations i.e. Lecturer or Head Master as the case may be. He/she will continue to fill up details of appointments and postings since his/her initial appointments (starting from present to past) on which he/she had joined this Department.

Note: Though, the employee will fill up his/her details in the hardcopy of the format in a sequential order by going behind (present to past). However, they can enter the details of posting irrespective of sequence while uploading the data online. The system will automatically adjust the entries made into it. But, while entering the data in system, it may be carefully seen that sequence of postings remains undisturbed meaning thereby no gap should be there between two appointments / postings.

Annexure-P3

Document containing Guidelines to complete the "Employee profile" and "Service Details" on MIS Portal

All Employees of Department of School Education are required to complete their profile and service book on MIS Portal. Employees can avail various services on MIS portal only if their profiles and service book are complete in all respect and approved by their respective higher authorities. All sub profiles are to be saved before proceeding to the next sub profile.

The steps to be adopted for completion of profile by an employee are as under:-

- Please fill up your details (Personal as well as Professional) in the format attached at Annexure-P1 before starting uploading the information to save your time and for the sake of accuracy of data. Also please create your valid email id if you are not having it earlier.
- 2. Visit hryedumis.gov.in.
- 3. Log in to your account using username and passwords assigned to every individual of an employee.
- Click on My Profile → Basic Profile → Contact Details and add your contact details. Please note that primary email id and mobile number are mandatory fields and then change your password.
- This is advised keeping in view the security measures.
- 5. Click on My Profile \rightarrow Basic Profile \rightarrow Personal Information and fill up relevant fields.
- 6. After completion of information in "Personal Information" sub-section, click on "Save" button to save filled information.
- Click on My Profile → Basic Profile → Photograph and Signature and upload valid photograph and signature and save it.
- 8. Click on My Profile \rightarrow Basic Profile \rightarrow Address Details and fill up relevant fields.
- 9. After completion of information in "Address Details" sub-section, click on "Save" button to save filled information.
- 10. Click on My Profile \rightarrow Identity Profile and fill up relevant fields.
- 11. After completion of information in "Identity Profile" section, click on "Save" button to save filled information.
- 12. Click on My Profile \rightarrow Health Profile \rightarrow Disabilities. Add Disabilities, if any. Employee must possess a disability certificate issued by Chief Medical Officer.
- 13. Click on My Profile → Health Profile → Chronic Diseases. Add Chronic Diseases, if any. Employee must possess a Chronic Disease certificate issued by AIIMS (Including its branches in Haryana) /

PGI Rohtak / PGI, Khanpur Kalan / Kalpana Chawla Medical College, Karnal / PGI Chandigarh and Duly Constituted Medical Board only.

- 14. Click on My Profile \rightarrow Health Profile \rightarrow Vital Measurements and fill up relevant fields.
- 15. After completion of information in "Vital Measurements" sub-section, click on "Save" button to save filled information.
- 16. Click on My Profile → Educational Profile. Start filling up the qualifications from "10th Class" and so on after filling up of relevant information in each sub-section.
- 17. Click on My Profile \rightarrow Family Profile and fill up relevant fields.
- 18. After completion of information in "Family Profile" section, click on "Save" button to save filled information.
- 19. Click on My Profile \rightarrow Spouse Profile and fill up relevant fields.
- 20. After completion of information in "Spouse Profile" section, click on "Save" button to save filled information.
- 21. Click on My Profile \rightarrow Salary Bank Account Details and fill up relevant fields.
- 22. After completion of information in "Salary Bank Account Details" section, click on "Save" button to save filled information.
- 23. Click on My Profile \rightarrow Emoluments Details and fill up relevant fields.
- 24. After completion of information in "Emoluments Details" section, click on "Save" button to save filled information.
- 25. Click on My Profile \rightarrow Awards Details and fill up relevant fields. Please note that designation held at the time of award will be automatically shown after completion of Service Book.
- 26. After completion of information in "Awards Details" section, click on "Save" button to save filled information.
- 27. Click on My Profile → Send Profile for Approval and check that you have correctly filled all the mandatory fields in "My Profile" section. If data is not correct in any of the sections, then click on the respective section and rectify the same.
- 28. Check on the check box after reading the confirmation text and click on "Send Profile for Approval" button.
- 29. Your profile will be sent for approval to the immediate higher authority. The higher authority may approve or reject your profile. If rejected, you will be able to see reasons of rejection in the "Send Profile for Approval" section.
- 30. After rejection of the profile, you shall correct the details and click on "Send Profile For Approval" button again.

Completion of Service Details:

The next step is to complete the Service Book.

Note: All transactions of service career will be maintained on MIS Portal hereafter. Therefore accurate information must be ensured by every employee to avoid any rejection and repetition of work. To complete the service book records, following steps are to be followed. However to avoid any misinformation all employees are advised to fill up relevant information in the format available at Annexure P2 and refer it while filling up of various records in the respective section and sub-sections of the service book:-

- 1. You are supposed to update two types of records "Appointment details" and "Posting details".
- 2. For every appointment details, there shall be multiple postings. For each posting, all relevant details are to be entered.
- 3. Your current appointment details will be shown by default in the service book, click on Edit icon.
- 4. Firstly, you should update current appointment details and current posting details. Then you should add all previous postings under the current appointment.
- 5. Add/update appointment order number, type of appointment, date of appointment, mode of recruitment, advertisement number (if applicable), recruitment exam roll number (if applicable), merit number (if applicable), Select the category under which you were appointment (if known), selection authority and Date of Recommendation by Selection Authority.
- 6. After completion of the above mentioned fields, click on "Proceed" button.
- 7. Check that you have correctly filled all the fields and click on the check box after reading the confirmation text and click on "Save" button.
- 8. Then click on the edit icon of the posting record.
- Add/update School / Office Name (if different than shown), designation, location area category, posting/transfer order number, date of order, is this your current posting (keep it as "Yes") and date of joining.
- 10. After completion of the above mentioned fields, click on "Confirm" button.
- 11. Check that you have correctly filled all the fields and click on the check box after reading the confirmation text and click on "Save" button. Please note that date of relieving will not be asked in case of current posting.
- 12. After completion of your current appointment details and current posting details, you should add your previous appointment details by clicking on "Add Appointment" button. Also add previous posting details under that appointment in the similar manner by clicking on "Add Posting Records".

- 13. Please note that for all previous posting, you will have to enter date of relieving along with correct reason of relieving from the drop down. While adding previous appointments, you should enter initial appointment details first and various postings there under.
- 14. After completion of service book records and careful review of the entered records, click the check box of undertaking (Undertaking: I hereby confirm that details furnished above are correct and true to the best of my knowledge and belief. In case, any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.) and click on 'Send the service book for approval' button.

Note: You will not be able to edit / add in your service book once you submit the same for approval.

- 15. Your service book will be submitted for approval to the immediate higher authority. The higher authority may approve your service book only if it is correctly filled and matches exactly with your service book records. Delay in approval might indicate discrepancy in information submitted.
- 16. In case of pending approval you shall reach out to your higher authority to identify the discrepancies and get then rectified from higher authority. Higher authorities will have right to edit your submitted service book.
- 17. Once service has been approved by higher authorities, further additions in service records by means of transfers, promotions etc. will updated on MIS portal based on transactions.