U.P. RAJYA VIDYUT UTPADAN NIGAM LIMITED						
		nel Informatio		_		
Place of Posting:	Circle/Division/Office N	lame Stage /	A/B/C/D/E/Common		Project Name	
Employee Name :						
कर्मचारी का नाम					Paste Your Photograph	
Father's Name :					Here	
पिता का नाम :						
Mother's Name :						
Spouse's Name :						
Father Alive :						
Mother Alive:						
Spouse Alive:						
Cadre:						
Present Designation:						
Gender:				·		
Blood Group :						
Date of Birth :(DD/MM/YYYY) (enclose attested copy of High School cert)						
Marital Status :					mlavoa Siamatura	
Home District :				Em	ployee Signature	
Home State :						
Contact No.						
CUG No:						
E-Mail ID :						
Category: (enclose attested copy of Caste cert)						
Religion :						
Sub Caste:						
Present Address :						
District :	State :		Pi	n code :		
Permanent Address:	1	1	1			
District :	State :		Pi	n code :		
GPF No :		CPF No :				
ID No:		Audit No				
PAN No:		Seniority	No:		<del>\</del>	

Signature of Employee Signature of Dealing Assistant Signature of OS-1/Supervisor

Signature of Controlling Officer with Stamp

### U.P. RAJYA VIDYUT UTPADAN NIGAM LIMITED

# **Personnel Information Sheet**

#### **Nominee Details**

S. Nominee Name			Date of Birth				
	Gender	Day (DD)	Month (MM)	Year (YYYY)	Relation		
			, ,		, ,		

## **Family Details**

S. No	Name	Gender	Date of Birth			Dependency		
			Day (DD)	Month (MM)	Year (YYYY)	Relation	Dependency (Yes/No)	Blood Group

# **Educational Qualifications**

S. No	Examination	Board /University	Year of Passing	Subjects	Percentage Obtained

# **Professional/Technical Qualifications**

S. No	Qualification	Board/University	Year of Passing	Branch/ Specialization	Percentage Obtained

#### FOR NEW EMPLOYEES ONLY U.P. RAJYA VIDYUT UTPADAN NIGAM LIMITED **Personnel Information Sheet Recruitment Details** Date of Joining/ Date of **Recruitment Mode** Post of Joining/ Absorption Regularization Joined In (Direct/Compassinate/ **Absorption** Month Month Day Absorbed) (DD) (MM) (YYYY) (DD) (MM) (YYYY) **UPSEB UPRVUNL Confirmation Details Date of Confirmation** S. **Post of Confirmation** Month Year Day No (DD) (MM) (YYYY) **Mode of Appointment at Present Post: Employee History Date of Joining Date of Relieving** S. Office/Unit/ **Place Post** Remark No Day Month Month Circle/Division (DD) (MM) (YYYY) (DD) (MM) (YYYY)

**Bank Account Details** 

**Note:** Please ensure that required copy of documents, attested by controlling officer, are attached along with this PIS Form.

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Signature of Signature of Employee Dealing Assistant

Account Type: (Saving/Current/....)

Account No :
Name of Bank :
Branch Name :

Signature of OS-1/Supervisor

Signature of Controlling Officer with Stamp