

**BIODATA/ DECLARATION FORM**

**PERSONAL DATA OF AN EXECUTIVE AT THE TIME OF ENTRY INTO THE SERVICE**

1. Name of the Executive(**in BLOCK LETTERS**): \_\_\_\_\_

EIS No.: \_\_\_\_\_

2. Father's name/ Husband's Name: \_\_\_\_\_

3. Mother's Name: \_\_\_\_\_

4. Name of the Company posted: \_\_\_\_\_

5. Date of Birth(in figures)

D	D	M	M	Y	Y	Y	Y
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Date of Birth (in words): \_\_\_\_\_

6. Date of Initial Appointment : \_\_\_\_\_

7. Designation: \_\_\_\_\_

8. Present Grade: \_\_\_\_\_

9. Discipline: \_\_\_\_\_

10. Sex: \_\_\_\_\_ Blood Group: \_\_\_\_\_

11. Aadhar Card No.: \_\_\_\_\_

12. Marital Status (Married/Unmarried, Widow/Widower). If married, Name of Spouse: \_\_\_\_\_

13. Religion: \_\_\_\_\_

14. Whether belongs to General/SC/ST/EWS/OBC (Non-creamy layer) (based on caste certificate): \_\_

15. Whether belongs to Minority Community (Yes /No): \_\_\_\_\_ If yes, name of the Community \_\_\_\_\_

16. Whether PWD (Yes/No): \_\_\_\_\_ If yes, Kind of Disability and % of Disability \_\_\_\_\_

17. Qualification (supported by documents): \_\_\_\_\_

18. Permanent Address:

\_\_\_\_\_  
\_\_\_\_\_

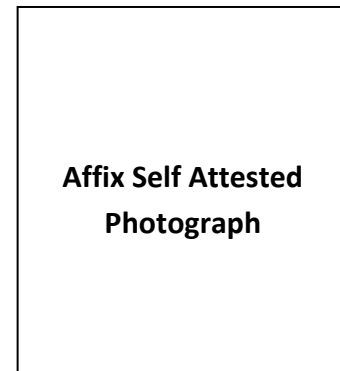
PO - \_\_\_\_\_ PS - \_\_\_\_\_ Dist - \_\_\_\_\_ PIN - \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Mobile No. : \_\_\_\_\_

Email Address: \_\_\_\_\_

Address of Office of Supdt. of Police under whose jurisdiction, above PS comes

\_\_\_\_\_



19. Present Address:

PO - \_\_\_\_\_ PS - \_\_\_\_\_ Dist - \_\_\_\_\_ PIN - \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Mobile No. : \_\_\_\_\_

Email Address: \_\_\_\_\_

Address of Office of Supdt. of Police under whose jurisdiction, above PS comes

\_\_\_\_\_

20. Mark(s) of identification: \_\_\_\_\_

21. CMPF Account no. ( to be filled up after allotment): \_\_\_\_\_

22. Details of Dependents:

S.No.	Name	Relation	Date of Birth /Age	Occupation/ Name of Employer in case of service	Annual Earning
1.					
2.					
3.					

23. Name of the nominee for receiving gratuity (Form L to be attached after being posted):

\_\_\_\_\_

24. Particulars of next kin for communication in case of emergency.

(a) Name:

(b) Relationship:

(c) Address:

(d) Telephone No.: \_\_\_\_\_ Mobile No. : \_\_\_\_\_

**Declaration:**

I, \_\_\_\_\_ solemnly affirm that the above declaration is correct and I understand that in the event of the declaration being found to be incorrect after my appointment, I shall be liable to be dismissed from service and other actions as per the law of land.

Signature of the Incharge  
of the Executive Establishment

Signature of the Executive

Date

Date