



**Government of Kerala**  
**Service and Payroll Administrative Repository for Kerala**  
**EMPLOYEE DATA SHEET**

1. Permanent Emp. No.:	
2. Name:	
3. Department:	4. Office:
5. Employment Type*:	
6. Service category**:	7. SDO Code (if any):
8. Designation(with subject):	9. Grade: (Whether Hr.Grade/SI.grade/Sr.Grade etc.)
10. Provident Fund type:	11. P.F. Account No.:
12. Date of joining in the Department:	
13. Date of entry in Govt. Service:	
14. Sex:	15. Date of Birth:
16. Religion:	17. Caste:
18. Category (GEN/OBC/OEC/SC/ST) :	
19. Ex-Service Man (Yes/No)	
20. Physically handicapped (Yes/No):	
21. If Yes, nature of handicap:	
22. Permanent Address	
House No.& Name :	
Street Name :	Place:
Pin:	State :
District:	Taluk :
Village :	Phone:

\* Regular / Temporary / Deputation

\*\* AIS / State / State Subordinate / Personal Staff / Consolidated Pay / Daily wage / Part Time)

**23. Previous Qualifying Services (if any)**

Name of Office	Post held	Date From	Date To	Reason for Termination

24. Details of Declaration of Probation

Department	Office	Designation	Order No.	Order date	w. e. from

25. Service Details

Department	Cate- gory	Date		Office	Desig- nation	Basic Pay	Order		Remarks
		From	To				No.	Date	

26. Leave on credit as on \_\_\_\_\_

As on date	Earned Leave	Half Pay Leave

27. Leaves availed after \_\_\_\_\_

Leave Type	Leave Taken From	Leave Taken To	Purpose	Sanction No.	Sanctioned by

*Use additional sheet if necessary*

**28. Encashment of Leave during service**

As on date	No. of days	Order No	Order Date	Amount

**29. Details of official accommodation availed (Quarters)**

Station	From date	To date	Quarter Address	Sanction order No.	Sanction order date

**30. Details of disbursement of loans like HBA, MCA, GPF advance etc.**

Loan/Advance Name	Account Number	Disbursement t Installment No.	Date of Disbursement	Amount Disbursed	Order No.	Order Date

**31. Details of current Loans/Advances Recovery**

Loan/Advance Name	Loan Account No.	Amount sanctioned	Total No. of Installments	Installment Amount	Amount already recovered	Last Installment No. paid

**32. Details of benefits subscribed and policy details including LIC, if any**

Benefit Type	Identifying No	Sum assured	Subscription	Risk Effect from	Maturity Date
F.B.S					
G.P.F					
G.I.					
S.L.I					
L.I.C.					

**33. Present Salary Details (to be filled by DDO/SDO)**

Basic Pay :	
Acquittance Group :	Date of last change @ :
Next Increment Date :	

@ Last change in Basic Pay/designation/office

**34.Allowances and Deductions**

Allowances/ Additional Pay (Other than DA, HRA and CCA)				Deductions and Recoveries (Other than Loans and Advances)			
Sl. No.	Description	Amount	Effective from	Sl. No.	Description	Amount	Details *

\* Details like Policy Number for LIC Premium etc may be given

I declare that the information furnished above are true to the best of my knowledge and belief.

Place:

Signature of Employee

Date:

Name:

Certified that the information furnished above has been verified with office records and found correct.

Place:

Signature, Name and Designation of the

Date:

DDO (Not applicable for SDOs)

Certified that the information furnished above has been verified with office records and found correct.

Place:

Signature, Name and Designation of the

Date:

Controlling officer

***NB : If the information given above is proved to be erroneous / incomplete, disciplinary action may be initiated as per rules.***