

Details of Employees Appointed in the District since inception of the Corporation

Name of the District

SI No

Employee Name

Son of Daughter of Wife of

DOB

Appointment Ord No & Date

(Please attach a copy of Appointment/Engagement Order)

Post to which Appointed

Appointing Authority

If Sponsored through
Employment Exchange

Yes No

Type of Appointment/Engagement

- | | | | |
|--|---|---|-------------------------------------|
| a.) Daily wages <input type="checkbox"/> | d.) Time Scale of Pay (TSP) <input type="checkbox"/> | g.) T.S.P with U.F.O <input type="checkbox"/> | j. Regular <input type="checkbox"/> |
| b.) Daily Wages 89 Days <input type="checkbox"/> | e.) Adhoc For 44 Days with T.S.P <input type="checkbox"/> | h.) T.S.P with Probation <input type="checkbox"/> | |
| c.) Daily Wages 44 Days <input type="checkbox"/> | f.) Adhoc For 89 Days with T.S.P <input type="checkbox"/> | i.) Consolidated Pay <input type="checkbox"/> | |

Present Status of employee

- | | | | |
|---|---|---|--|
| a) In the District <input type="checkbox"/> | b) Transferred out <input type="checkbox"/> | c) Resigned <input type="checkbox"/> | d)Terminated/Disengaged <input type="checkbox"/> |
| e) Retired <input type="checkbox"/> | f) Died <input type="checkbox"/> | g) Any other (Specify) <input style="width: 300px;" type="text"/> | |

If Status is Transferred Out specify the Place to which Transferred

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Details of the Employee Handling Establishment Matters

Name & Designation	
Signature with Date	

CSO cum D.M.

Name	
Signature with Date	