**indian naval canteen service**

**employees personal particulars form**

1. Name of the employee (in full) Shri. / Smt. / Kum ...............................................................................

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2. Date of Birth (as recorded in

Passport Size

Photo

Matriculation Certificate or any

other documents) .........................................................................................

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3. Educational Qualifications ............................................................................

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4. Details of previous employment :-

a) Name of Establishment : ..................................................................................................................

b) Address : .........................................................................................................................................

.........................................................................................................................................

c) Post Held : .....................................................................................................................................

d) Period of Service : ...........................................................................................................................

e) Date of leaving Service : ...................................................................................................................

f) Reason for leaving : .........................................................................................................................

g) PF and FPF account numbers : PF : ........................................... FPF : ...........................................

5. Joining in INCS : .....................................................................................................................................

a) Date : .......................................................... b) Post Held : .........................................................

c) Basic Pay : .............................................. p.m. d) Area & Installation : .............................................

6. Promotion :

a) Date : .......................................................... b) Designation : ......................................................

c) Basic Pay : ................................................. d) Area & Installation : ............................................

7. Local Address : ......................................................................................................................................

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...................................................... Telephone No. .........................................................

8. Permanent Home

Address : ...............................................................................................................................................

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............................................................... Telephone No. .........................................................

9. Home Town : ...................................................... Nearest Rly. Stn. ................................................................

10. Personal Identification Marks : a) ............................................................................................................

b) ............................................................................................................

11. Identity Card No. : ..................................................................................................................................

12. Married or Single : .................................................... Date of Marriage .......................................................

13. Family Particulars :

a) Name of wife / husband : ................................................ Date of Birth : ............................................

b) Occupation : .................................................... Name of Establishment : .............................................

c) No. of Children : Male : .......................................................... Female : ............................................

d) Name of Children Date of Birth Marital Status Occupation

1. .......................................................................................................................................................
2. .......................................................................................................................................................

iii)......................................................................................................................................................

iv)......................................................................................................................................................

v).......................................................................................................................................................

e) Details of other dependents:

Name Age Relationship Marital Status Occupation

1. ...................................................................................................................................................................
2. ..................................................................................................................................................................
3. ..................................................................................................................................................................
4. ..................................................................................................................................................................
5. ..................................................................................................................................................................

14. Next of Kin:-

Name Address Relative/ Friend

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.................................................................... Telephone No....................................

15. Any two references other than relatives who know you for more than three years:-

(1) (2)

a) Name ................................................................. ...........................................................................

b) Address ............................................................... .............................................................................

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................................................................. .............................................................................

Tel No. ................................................................. Tel. No..................................................................

**DECLARATION**

1. I declare that the particulars furnished above are correct to the best of my knowledge and i am fully aware that in the event, any of the above mentioned information found to be false necessary action will be taken against me by the INCS. I also undertake to intimate the higher authorities, any changes in my personal particulars if any when these occur.

2. I have read and understood the INCS Regulations and conduct Rules, which are subject to change without notice. I shall abide by them diligently and carry out such duties as are assigned to me conscientiously from time to time.

3. I do hereby declare, that I have read and understood the provisions of the official secrets act 1923, and i am fully aware of the serious consequences, which may follow any breach of these provisions either wilfully or as a result of careless or in judicial conduct. I am also aware that i remain bound by the official secrets Act 1923, even after i have left the service.

Date: .......................... Signature of the employee: ......................................................

(in full)

Name:......................................................................................

Designation:............................................................................

Area & Installation .................................................................

(For Office Use only)

**II**

The above mentioned information furnished by

Shri. / Smt. / Kum. ..................................................................................................has been verified with the help of relevant documents such as Ration Cards etc. produced by the employee.

Date..................................... Signature of the Area Manager / General Manager

**instructions**

1. Personal Particulars form is to be filled-in, in BLOCK LETTERS, in duplicates.

2. For verification purposes, in regard to “Date of Birth”, ‘Dependent family members’ etc. the relevant original documents like School Metriculation Certificate / Municipal Birth Certificate, present local ration card etc. along with the Xerox copies are to be attached.

3. Personal particulars in respect of family members is to be reviewed every year by 01 April to the competent authority by producing the documentary evidence there of.

4. INCS employee’s family members, like father, mother, unmarried sisters and brothers are considered to be his / her dependents only when they are residing with him / her provided they are unemployed.

5. State whether any of your family members including your wife / husband are employed or not, if   
employed, are they entitled to the benefit towards the L.T.C. Re-imbursement of Tution fees and   
medical expenses etc. To this effect the relevant certificates from the employer of the Spouse / family members are to be attached.

6. Reasons for declaration of ‘Home Town’ or change of declaration of ‘Home Town’, as the case my be, are to be clearly indicated as per L.T. C. Rule No.7.

7. During the course of the year, any changes pertaining to the personal particulars, occur, it should be reported forthwith.

8. While giving names and addresses of any two reference, a CHARACTER Certificate obtained from them are to be attached. (Only for newly appointed employees)

9. Two Copies of passport size photos (Black & White) are to be attached. At the initial stage, the cost of expense is to be borne by the employee. Such photos are to be reviewed every ten years of service in INCS.

10. The signature of the employee should be in full and it should be the same through out his / her entire service in INCS and for no reason it should be change or shortened.