



# Directorate of Technical Education Department.

तंत्रशिक्षण संचालनालय, महाराष्ट्र राज्य.

## Sample form for MIS

(For Class C & D)

|   |  |  |   |
|---|--|--|---|
| Sevarth ID.   | Title.<br><input type="radio"/> Mr.<br><input type="radio"/> Mrs.<br><input type="radio"/> Ms. | Full Name.                                 | Name in Marathi.                                      |
| Gender.<br><input type="radio"/> Male.<br><input type="radio"/> Female.   | Date of Birth.<br>(DD/MM/YYYY)   | Email.                                     | Contact Number.<br>(without '91' or '0')              |
| Appointment Details.  |  |  |   |
| Mode of Selection.<br><input type="radio"/> Nomination.<br><input type="radio"/> Promotion  | Order Number.  | Order Date (DD/MM/YYYY).                   | Appointment Category<br>(If Nomination or Promotion). |
| Cadre<br><input type="radio"/> लिपिक वर्गीय पद (गट-क)<br><input type="radio"/> तांत्रिक सहाय्यकारी पद (गट-क)<br><input type="radio"/> चतुर्थ श्रेणी पद (गट-ड) |  | Appointment Designation.                   |   |
| Pay Scale   |  |  |   |
| Current Posting Details.  |  |  |   |
| Job Role In Institute<br>Administrative   | Post<br>(Institute will fill this field)   | Institute Joining Date.                    |   |
| Current Working Status.(Working/on leave/deputation etc..)  | Deputation Order Number<br>(If On Deputation).   | Remark (If Any).                           |   |
| Deputation Order Date<br>(If On Deputation).  | Start Date<br>(If On Deputation).  | Place of Deputation<br>(If On Deputation). |   |

| Personal Details.                                       |  |  |   |
|---|--|--|---|
| Employee Father's Name.                                 | Employee Mother's Name.  | Employee Mother Tongue.  | Employee Aadhar Number.   |
|   |  |  |   |
| Employee PAN Number.                                    |  |  |   |
|   |  |  |   |
| Change In Name.   |  |  |   |
| Change In Name.   | Old Name(if any)   | Gazette for Name Change.   | Gazette Date.   |
| <input type="radio"/> Yes<br><input type="radio"/> No   |  |  |   |
| Religion Details.                                       |  |  |   |
| Religion  | Category   | Cast   | Caste Certificate Number  |
|   |  |  |   |
| Date of issue of caste certificate.<br>(DD/MM/YYYY).    | Caste certificate issuing authority.   | Caste validity certificate number.   | Date of Issue of caste. validity (DD/MM/YYYY)                                       |
|   |  |  |   |
| Name of caste validity certificate Issuing samitee.     |  |  |   |
|   |  |  |   |
| Employee Disability Status.                             |  |  |   |
| Employee disability status                              | If disable then PWD type   | %of Disability   | Date of Disability  |
| <input type="radio"/> Yes.<br><input type="radio"/> No. |  |  | <input type="radio"/> By Birth<br><input type="radio"/> Date as per PWD Certificate |
| Date as per PWD Certificate<br>(If applicable)          |  |  |   |
|   |  |  |   |
| Address Details.  |  |  |   |
| Residential Address.                                    | Permanent Address.<br>Same As Residential Address:- <input type="checkbox"/> | Home Town Address.<br>Same As Residential Address:- <input type="checkbox"/> |   |
|   |  |  |   |

| Additional Details  |  |   |                          |
|---|--|---|--------------------------|
| Employee Married Status   |  |   |                          |
| <input type="radio"/> Single. <input type="radio"/> Legally Separated |  |   |                          |
| <input type="radio"/> Married.  |  |   |                          |
| <input type="radio"/> Widowed   |  |   |                          |
| (If Married fill below Spouse details.)                               |  |   |                          |
| Spouse Full Name  | Change in Spouse Surname (If any) ?                        | If spouse surname changed please provide surname.     | Spouse father name.      |
|   | <input type="radio"/> Yes<br><input type="radio"/> No      |   |                          |
| Spouse Mother Name.   | Is Spouse Employed?  | If spouse employed then name of employer.             | Spouse Designation.      |
|   | <input type="radio"/> Yes.<br><input type="radio"/> No.    |   |                          |
| If Spouse is State Government Employee then put Sevarth ID.           | Spouse work Location                                       | Spouse Handicap Status                                |                          |
|   |  | <input type="radio"/> Yes<br><input type="radio"/> No |                          |
| Children Details (If Any).  |  |   |                          |
| Child Number.   | Gender.  | Name.   | Date of Birth (DD/MM/YY) |
| 1   | <input type="radio"/> Male<br><input type="radio"/> Female |   |                          |
| PWD   |  |   |                          |
| <input type="radio"/> Yes<br><input type="radio"/> No                 |  |   |                          |
| 2   |  |   |                          |
| PWD   |  |   |                          |
| <input type="radio"/> Yes<br><input type="radio"/> No                 |  |   |                          |

| <b>Educational Details.</b><br>(Please start with 10 <sup>th</sup> std. education) |                                |                                    |                  |            |                   |                 |
|--|--------------------------------|------------------------------------|------------------|------------|-------------------|-----------------|
| Level.<br>(10,12,Diploma<br>etc..)   | Discipline.<br>(If Applicable) | Specialization.<br>(If Applicable) | Board/University | % of marks | Class<br>Obtained | Passing<br>Year |
|  |                                |                                    |                  |            |                   |                 |
|  |                                |                                    |                  |            |                   |                 |
|  |                                |                                    |                  |            |                   |                 |
|  |                                |                                    |                  |            |                   |                 |
|  |                                |                                    |                  |            |                   |                 |
|  |                                |                                    |                  |            |                   |                 |

| <b>Experience Details.</b><br><ul style="list-style-type: none"> <li>Do not add your current experience.</li> <li>Add only experience in DTE institutes or DTE offices.</li> </ul> |                   |             |  |
|--|-------------------|-------------|--|
| Experience No :-   |                   |             |  |
| Mode of Selection  | Order Number      | Order Date  | Appointment Category<br>(if mode of selection is Nomination/Promotion)   |
| <input type="radio"/> Nomination.<br><input type="radio"/> Transfer<br><input type="radio"/> Promotion   |                   |             |  |
| Institute Organization Name  | Job Role          | Designation |  |
|  | Administrative    |             |  |
| Pay Scale  | Date of Joining   | End Date    | Reason For Leaving   |
|  |                   |             | <input type="radio"/> Request Transfer. <input type="radio"/> Deputation<br><input type="radio"/> Administrative Transfer <input type="radio"/> Nomination<br><input type="radio"/> Left <input type="radio"/> Any Other |
| If reason for leaving is Deputation then Deputation Location.  | Remarks(ifs Any). |             |  |
|  |                   |             |  |

|  |                   |              |  |
|--|-------------------|--------------|--|
| Experience No :-   |                   |              |  |
| Mode of Selection  | Order Number..    | Order Date.  | Appointment Category<br>(if mode of selection is Nomination/Promotion).  |
| <input type="radio"/> Nomination.<br><input type="radio"/> Transfer<br><input type="radio"/> Promotion |                   |              |  |
| Institute Organization Name.   | Job Role.         | Designation. |  |
|  | Administrative    |              |  |
| Pay Scale.   | Date of Joining.  | End Date.    | Reason For Leaving.  |
|  |                   |              | <input type="radio"/> Request Transfer. <input type="radio"/> Deputation<br><input type="radio"/> Administrative Transfer <input type="radio"/> Nomination<br><input type="radio"/> Left <input type="radio"/> Any Other |
| If reason for leaving is Deputation then Deputation Location.  | Remarks(ifs Any). |              |  |
|  |                   |              |  |
| Experience No :-   |                   |              |  |
| Mode of Selection  | Order Number..    | Order Date.  | Appointment Category<br>(if mode of selection is Nomination/Promotion).  |
| <input type="radio"/> Nomination.<br><input type="radio"/> Transfer<br><input type="radio"/> Promotion |                   |              |  |
| Institute Organization Name.   | Job Role.         | Designation. |  |
|  | Administrative    |              |  |
| Pay Scale.   | Date of Joining.  | End Date.    | Reason For Leaving.  |
|  |                   |              | <input type="radio"/> Request Transfer. <input type="radio"/> Deputation<br><input type="radio"/> Administrative Transfer <input type="radio"/> Nomination<br><input type="radio"/> Left <input type="radio"/> Any Other |
| If reason for leaving is Deputation then Deputation Location.  | Remarks(ifs Any). |              |  |

Note:-If you have more than 3 experience then print this single page as per your requirement and then attach with this form.

### Employee Certificate & Verification Details

| Certificate Name.                    | Certificate Issue Date. | If Exemption then Exemption Certificate Date. |
|--------------------------------------|-------------------------|---|
| Police Verification.                 |                         | N/A   |
| Medical Certificate                  |                         | N/A   |
| MS-CIT Certificate                   |                         |   |
| Marathi Exemption Certificate        |                         |   |
| Hindi Exemption Certificate          |                         |   |
| Steno speed certificate              |                         |   |
| Marathi typing certificate           |                         |   |
| English typing certificate           |                         |   |
| Permanent certificate                |                         |   |
| PRT Exam                             |                         |   |
| SRT Exam                             |                         |   |
| MSC-IT Exemption Certificate(If any) |                         |   |

### Employee Departmental Enquiry Details

|   |                          |                              |
|---|--------------------------|------------------------------|
| Employee have/has departmental enquiry ?                | If Yes Enter the Reason? |                              |
| <input type="radio"/> Yes.<br><input type="radio"/> No. | Enquiry Start Date       |                              |
| Status of Enquiry                                       | Final Decision           | Punitive action taken if any |
|   |                          |                              |

### Retirement/Superannuation Details

|   |                 |
|---|-----------------|
| Type :-<br><input type="radio"/> Retirement<br><input type="radio"/> VRS<br><input type="radio"/> Death<br><input type="radio"/> Medical Ground | Remarks(if any) |
|---|-----------------|

### Time bound Promotion/10-20-30 Scheme

|   |  |                           |
|---|--|---------------------------|
| Time bound Promotion/10-20-30 Scheme                    | If Yes Select Year Bound?  | Date of Implementation:-  |
| <input type="radio"/> Yes.<br><input type="radio"/> No. | <input type="radio"/> 10 years<br><input type="radio"/> 12 years<br><input type="radio"/> 20 years<br><input type="radio"/> 24 years<br><input type="radio"/> 30 years | Appointment Designation:- |
| Order Date  | Pay Scale  |                           |

Liability Certificate ( दिनांक ३१-३-२०२४ चे मत्ता दायित्व प्रमाणपत्र )

दिनांक ३१-३-२०२४ चे मत्ता दायित्व प्रमाणपत्र :-

- ☐ Yes  
☐ No

If Yes Date of Submission:-

५० -५५ पुनर्विलोकन करण्यात आले आहे का

५० -५५ पुनर्विलोकन करण्यात आले आहे का

- ☐ Yes  
☐ No

If Yes Order Date :-

If Yes Order Number :-

☐ I, the undersigned, hereby declare that the information given by me in this MIS form is true to the best of my knowledge & belief. If at later stage, it is found that I have furnished wrong information, I am aware about the legal and or penal action as per the provisions of the law.

Employee Name & Signature: -

Date:-