

ANNEXURE-I

**INFORMATION TO BE FILLED UP FOR  
PERSONNEL INFORMATION SYSTEM (PIS)**

PASTE  
PHOTOGRAPH  
(PASSPORT SIZE)

Name of Office: .....

Company : **Manipur State Power Company Limited(MSPCL)**

Sl. No. : .....of .....

1.	FULL NAME (As per Service Book)	
2.	FATHER'S /HUSBAND'S NAME	
3.	PRESENT ADDRESS  DISTRICT PIN STATE	
4.	PERMANENT ADDRESS  DISTRICT PIN STATE	
5.	EIN/SIN/UIIN	
6.	GENDER	
7.	DATE OF BIRTH (DD/MM/YYYY)	
8.	PRESENT EDM DESIGNATION	
9.	PRESENT NEW DESIGNATION	
10.	DATE OF JOINING SERVICE & DESIGNATION (REG/WC/MR/AD-HOC)	
11.	DATE OF REGULAR APPOINTMENT & DESIGNATION	
12.	DATE OF SUPERANNUATION	
13.	Present Status of Employee (Tick wherever applicable)	<input type="checkbox"/> REGULAR <input type="checkbox"/> REGULAR ON DEPUTATION <input type="checkbox"/> MUSTER ROLL (SKILLED) <input type="checkbox"/> MUSTER ROLL (UNSKILLED) <input type="checkbox"/> CONTRACT <input type="checkbox"/> AD-HOC <input type="checkbox"/> WORK CHARGED (CONFIRMED) <input type="checkbox"/> WORK CHARGED (UNCONFIRMED)
14.	PREVIOUS POSTING	
15.	PRESENT POSTING	
	(Order no. & Date of joining)	
16.	PAYBAND	

17.	BASIC PAY								
18.	GRADE PAY								
19.	GPF CONTRIBUTION								
20.	GPF/ NPS ACCOUNT NUMBER								
21.	NAME OF BANK & BRANCH								
22.	BANK ACCOUNT NUMBER								
23.	IFSC								
24.	OFFICE BANK ACCOUNT NO. WITH NAME OF THE BANK , BRANCH & IFSC								
25.	ID CARD NO. (EDM/COMPANY)								
26.	ID CARD ISSUE DATE								
27.	ID CARD EXPIRY DATE								
28.	ID MARK								
29.	BLOOD GROUP								
30.	HIGHEST QUALIFICATION								
31.	RELIGION								
32.	MOTHER TONGUE								
33.	CATEGORY (TICK ONE)		GEN		ST		SC		OBC
34.	MARITAL STATUS		MARRIED				UNMARRIED		
35.	IS PHYSICALLY HANDICAPPED		YES				NO		
36.	DEGREE OF DISABLITY								
37.	EPIC NUMBER								
38.	AADHAR NUMBER								
39.	MOBILE NUMBER								
40.	E-MAIL ADDRESS								

I hereby declare that the information given are true to the best of my knowledge.

(Signature in full of the Employee)

Verified by  
(with Seal & Date):