

SPARK- DATA COLLECTION FORMAT

(Fill all the details below)

SL.N O	Field	Fill here	Additional Details to get filled	Instruction
1	Permanent Employee Number (PEN)			Fill if available
2	Name			Must be filled
3	G.E. No			For Officers only
4	SDO Code(if any)			For Officers only
5	Treasury Specimen Card No			Fill if available

Present Address

6	House No & name			Must be filled
7	Street Name			Must be filled
8	Place			Must be filled
9	Pin			Must be filled
10	State			Must be filled
11	District			Must be filled
12	Taluk			Must be filled
13	Village			Must be filled
14	Panchayathu/Municipality/C orporation			Must be filled
15	Phone No			Must be filled

Permanent Address

16	House No & name			Must be filled
17	Street Name			Must be filled
18	Place			Must be filled
19	Pin			Must be filled
20	State			Must be filled
21	District			Must be filled
22	Taluk			Must be filled
23	Village			Must be filled
24	Home Town			Must be filled
25	Panchayath/Municipality/Cor poration			Must be filled
26	Mobile phone No			Must be filled
27	email address			Must be filled
28	Sex			Must be filled
29	Nationality	Indian		Must be filled
30	Date of Birth			Must be filled

Qualification Details**Month & Year of accuirement**

31	Basic Qualification			Must be filled
32	Additional Qualifications			Must be filled

33			Must be filled
34			Must be filled
35	First Appontment Order and Date		Must be filled
36	Date of Joining in Govt Service		Must be filled
37	Date of Joining in Dept		Must be filled
38	Designation		Must be filled

Details of Promotion

Date with effect

(Order No, Date, etc)

Designation

from

39			Must be filled
40			Must be filled
41			Must be filled
42			
43			
44			Must be filled

Date with effect

Details of Increments

Amount

from

45			Must be filled
46			Must be filled
47			Must be filled
48			Must be filled
49	Father's Name		Must be filled
50	Mother's Name		Must be filled
51	Super annuation/ Retirement Date		Must be filled
52	Blood Group		Must be filled
53	Religion		Must be filled
54	Cast		Must be filled
55	Ex-Service	Yes/No	Must be filled
56	Physically Handicapped	Yes/No	Must be filled
57	Category	General/SC/ST/OBC/..	Must be filled
58	Nature of Handicap		Must be filled
59	PAN No		Must be filled
60	Ration Card No		Must be filled
61	Voters ID Card No		Must be filled
62	Marital Status	Unmarried/Married	Must be filled
63	Spou's Name		Must be filled
64	Is Intercast/ Religion		Must be filled
65	Spouse's Religion		Must be filled
66	Spouse's Cast		Must be filled
67	Is Spouse Employed		Must be filled
68	Spouse Employed in		Must be filled
69	Height		Must be filled
70	Weight		Must be filled
71	Identification marks		Must be filled

Present Service Details

72	Office			Must be filled
73	Dept			Must be filled
74	District			Must be filled
75	Address of Office			Must be filled
76	Section			Must be filled
77	Staff/Seat No			Must be filled
78	Employment Type	Regular/.../...		Must be filled
79	Service Category	State Subordinate/.../...		Must be filled
80	Designation			Must be filled
81	SDO Code(if any)			Must be filled
82	PF type			Must be filled
83	PF No			Must be filled
84	Date of joining to the office			Must be filled

Details of Parent Dept if**Currently on Deputation**

85	Parent Dept			Must be filled
86	Parent Office			Must be filled
87	Designation in the Parent Dept			Must be filled
88	Deputation effect from			Must be filled
89	Deputation Years			Must be filled
90	Deputation Months			Must be filled
91	Order No			Must be filled
92	Order Date			Must be filled

Present Salary Details

1	Basic Pay			Must be filled
2	Last pay change date			Must be filled
3	Next Increment Date			Must be filled
4	Acq Group			Must be filled
5	Credit Salary to Bank	Yes/No		Must be filled
6	name of Bank			Must be filled
7	Bank code			Must be filled
8	Branch code			Must be filled
9	Account type	SB		Must be filled
10	Account No			Must be filled
11	Ledger Folio No			Must be filled
12	Allowances Other than DA/ HRA/CCA	Amount	Effective from	Must be filled
13				Must be filled
14				Must be filled
15				Must be filled
16				Must be filled
17				Must be filled

18			Must be filled
	<u>Deductions Details</u>	Amount	Effective from
	<u>Loans</u>		
19	Loan Item		Must be filled
20	Loan account No		Must be filled
21	Loan amount		Must be filled
22	Recovery Start		Must be filled
23	Month		Must be filled
24	year		Must be filled
25	Instalment amount		Must be filled
26	No of Instalments		Must be filled
27	Last Instalment No		Must be filled
28	Amount repaid		Must be filled
29			Must be filled
30	Advances		Must be filled
31			Must be filled
32	Deductions Other than Loans/ Advances		Must be filled

Details of PSC Advice _____
for MES

Details of Probation

Details of Reversion , _____
if any

Details of Leave availed

**Details of disciplinary action,
if any**

**Details of Deputation
Sanctioned, if any**

**Details of Service in various
Medical Colleges**

order No. date of
appointment regilaisation

order No.date of probation decleration