

FOOD CORPORATION OF INDIACardex form

(To be filled in by all employees at the time of joining service)

1. Name of the Employee :
2. Father's Name :
3. Designation of the post
to which appointed :
4. Marital status :
(Married/single)
5. Wheather member of Scheduled
 - (a) Caste :
 - (b) Tribe :

(Specify the particular caste/ tribe)
6. Identification Mark :
7. (a) Permanent Address :

(b) Present address :
8. Home-Town (for the purpose of LTC) :
9. (a) Date of Birth :
(b) Particulars of birth
 - i) Place :
 - ii) District :
 - iii) state :
10. Languages the employee can
 - (a) Read :
 - (b) Speak :
 - (c) Write :
11. Mother Tongue :
12. Educational Qualifications :
13. Technical Qualifications :
14. Particulars of previous experience (service)
 - (a) From :
 - (b) To :
 - (c) Posts(s) held :
(a brief description of nature of work/ responsibilities in each assignment)
 - (d) Officiating/ Substantive
Capacity. :
 - (e) Name of Employer :
 - (f) Scale of pay of the
Post(s) :

15. Whether a Food Transferee/ :
Direct Recruit/ Absorbed Deputationist

16. If transferee
(i) Date of joining the :
Food Deptt. & Designation held there
(ii) Gazette Notification No. :
& Date under which services
Finally transferred to FCI

17. Particulars of wholly dependant member of family (for the purpose of claiming LTC and reimbursement of medical expenses etc.)

Sl. No	Name of family member	Relationship	Age

Declaration

I hereby declare that the above particulars furnished by me are true to the best of my knowledge. I also undertake that any change in the above particulars shall be intimated by me at the appropriate time. I also understand that any incorrect information submitted by me in this respect shall make me liable for service disciplinary action which may include a major penalty.

Date _____
Station _____
Signature _____
Name _____
Designation _____
Office of _____
Joining _____

Certificate

(To be recorded in case of existing employees only)

This is to certify that I have verified the above particulars submitted by the employee with the available documents and personnel file of the employee and found these in order and accepted the same.

Office Stamp _____
Signature _____
Name and Designation _____