No. 01-11/2018-PB

Government of India/भारत सरकार

Ministry of Communications /संचार मंत्रालय

Department of Telecommunications/दूरसंचार बिभाग

Sanchar Bhawan, 20, Ashoka Road, New Delhi-1/संचार भवन 20, अशोका रोड, नईदिल्ली-1

Dated 15th July, 2019

CIRCULAR

Subject: Implementation of Employees Information System (EIS)- submission of employee details- regarding.

In continuation of this office circular of even number dated 2nd July,2019, on the above mentioned subject, the PFMS-EIS proforma in respect of deputation cases and Annexures are enclosed for uploading in the download Forms section of DoT website.

Usan

(G Baskaran) Director (A/Cs.II) Ph. No. 011-23036185

dirac2-dot@nic.in

To

Director(IT) DoT.

The form shall be filled with due diligence. For any doubts/clarifications please contact Pay Bill /Admin Section.

DDO Code: 205155

Date:

A	SNo	Particulars	Details											
	1.	Type (Pensionable/ NPS)		Pensionable Employee NPS (Joined stafter 01.01.2004)							service (on or		
	2.	Name (Shri/Mr/Smt/Ms./Km/Dr/Dr.	First					Mic	ddle			L	ast	
s	3.	Gender			le					Fei	nale			
etai	4.	Date Of Birth	D	D	M	Μ	Y	Y	Y	Y				
d D	5.	PAN No. (please enclose copy)												
once	6.	Aadhaar No. (please enclose copy)												ı
Personal Details	7.	Date of Entry in Govt. service	D	D	Μ	Μ	Y	Y	Y	Y				
,	8.	Date of Regularization in Govt. Service	D	D	Μ	Μ	Y	Y	Y	Y				
	9.	Employee's Controller	TELECOMMUNICATIONS						IS	3				
	10.	Date of joining above Controller	D	D	Μ	Μ	Y	Y	Y	Y				
	11.	Current Office												
Ş	12.	zute er temmig weet errite			Μ	Μ	Y	Y	Y	Y			/After	noon
tail	13.	· City Class (where employee is working)					(Ci	ty C	lass '	'X', '	Y', '	Z')		
g De	14.	Current Post in the Office (Designation)												
Posting Details	15.	City Class for TA					(Ci	ty C	lass '	'X',	Y', '	Z')		
Pos	16.	Date from which working in Current Post	D	D	Μ	Μ	Y	Y	Y	Y				
	17.	Current Posting Mode(If Deputation fill Annexure 'A or AA')												
,,	18.	Pay Commission			Comr	nissi	on							
Pay Details	19.	Pay Level	LE	VEL										
De	20.	Basic Pay												
Pay	21.	Pay w.e.f. Date	D	D	Μ	Μ	Y	Y	Y	Y				
	22.	Next Increment Date	D	D	Μ	Μ	Y	Y	Y	Y				
Details	23.	PF Type		G.I	P.F					N.I (If No	NPS	fill on	ly PR	AN
PS	24.	A/c Maintained By (PF Agency)	PA	O -	,									
PF / NPS	25.	PF Series												
PF	26.	PF / PRAN No.												
	27.	CGEGIS Applicable?	Central Government											
4S/ uils	28.	Current CGEGIS Group					(Gro	up'A	4, 'B	, 'C')			
CGEGIS/CGHS/ Category Details	29.	Membership Date (in this Group)	0	1	0	1	Y	Y	Y	Y				
IS/C	30.	CGHS Deduction Applicable (Y / N)		YE	S		NO)						
EG tego	31.	CGHS Card No #												ı
C_{a}	32.	Category					(Ge	enera	l, OI	3C, S	SC, S	Γ)		
	33.	Ex-Serviceman(Y / N)		YE	S		NO)						
	34.	Employee code by employer#												
ıct	35.	Mobile No. (Mandatory)												
ID/ Contact Details	36.	E-Mail (Official mail id, Mandatory)					_		@					
ID/ Cor Details	37.	Physically Disabled?		YE	S		NO)	If Y	Yes f	ill An	nexur	e 'B'	
II De	38.	PLI No.												
	39.	IFSC Code												
Bank Details	40.	Bank Name												
Ba Det	41.	Bank Branch												
	42.													

	43. Bank Saving A/c No (Attach a copy of cancelled cheque/passbook)																	
B. Have taken Govt. Quarter? YES NO						C. Have Loan details? YES NO												
	(If YES, please fill Form: EIS/Q/2)								(If YI	ES, p	lease	fill <u>l</u>	Form	: EI	S/L/3)		

Form: EIS/Q/2

Quarter Allotment Details

Name: PAN:	Date:
S No. A. Quarter Location GPRA CITY I	LOCATION:-
1. (AAN) Allotee Account No	
2. Address 1	
3. # Address 2	
B. Allotment Details	
4. Allotted to (Self/Spouse/Relative/Others	Date Occupied D D M M Y Y Y Y
5. # Allotment Letter No.	# Date D D M M Y Y Y Y
C. Rent details	
6. Quarter Owned by (Directora	te of Estate/Departmental Pool/Other Pool)
7. Custodian	
8. Quarter Type (Type-I/I	/III/IV/V/VI/VII/VIII etc.)
9. Rent Status (Rented/Rent Free)	Licence Fee/Rent (Rs.)
10. #Additional Rent-1 (Rs.) (Electrical Charges)	Water Charge (Rs.)
	Service Charge (Rs.)

Form: EIS/L/3

Loan/Advance already taken by employee

Name:				PAN:			Date	Date:					
SNo.	A. Disbursement Det	ails											
1.	Loan / Advance												
	(Additional HBA / Car Construction/House Bu		•			oup ABC/ H	IBA Exte	nsion/HB	A for				
2.	Sanction Order No. #					San. Orde	r Date#	D M N	YY	Y	Y		
3.	Loan Amount Disburse	ed (Rs)					·	· · ·					
	B. Recovery Schedule	e for											
4.						Princip	al	Iı	nterest				
5.		l Loan Ta l Interest	ken (Rs.) Amount (Rs.	<u>OR</u>									
6.	Instalment Amount			N	o. of Instalm	ent includin	g Odd in	stalment					
7.	Odd Instalment Amour	nt				Oc	ld Instaln	nent No.					
8.	Last Instalment No. pa	id											

Form: EIS/L/3

Loan/Advance already taken by employee

Nam	e:		PAN:			Date	e:				
SNo.	A. Disbursement Details										
1.	Loan / Advance										
	(Additional HBA / Car Adva Construction/House Building				Group A	BC/ HBA Ext	ension/l	HBA	\ for		
2.	Sanction Order No. #				Sar	n. Order Date#	D M	M	YY	Y	Y
3.	Loan Amount Disbursed (Rs	3)									
	B. Recovery Schedule for										
4.					Pr	incipal		In	terest		
5.		n Taken (Rs.) rest Amount (Rs.	<u>OR</u>								
6.	Instalment Amount		N	o. of Insta	alment inc	cluding Odd in	nstalmei	nt			
7.	Odd Instalment Amount					Odd Instal	ment No	Э.	_		
8.	Last Instalment No. paid										

Form: EIS/L/3

Loan/Advance already taken by employee

Nam	e:		PAN:				Date:				
SNo.	A. Disbursement Deta	ils									
1.	Loan / Advance										
	(Additional HBA / Car A Construction/House Bui				Group Al	BC/ HBA	A Exter	nsion/HB	A for		
2.	Sanction Order No. #			San. Order Date# D D M M Y Y Y Y							
3.	Loan Amount Disbursed	d (Rs)			·						
	B. Recovery Schedule	for									
4.					Pr	incipal		Ir	nterest		
5.		Loan Taken (Rs.) Interest Amount (Rs	<u>OR</u>				·				
6.	Instalment Amount		N	o. of Insta	lment inc	cluding (Odd ins	talment			
7.	Odd Instalment Amount	t				Odd 1	Instalm	ent No.			
8.	Last Instalment No. paid	d					_			_	

Disclaimer: I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief. In case any information given in this form proves to be false or incorrect, I shall be held responsible.

Annexure 'A'

Deputation Details (If Deputed to other office)

SNo.		
1.	Deputed To	Central Govt./ State Govt./ Autonomous or Private
2.	Deputation Order No.	
3.	Order Date	
4.	Deputed to Office	
5.	On Designation	
6.	Date of Deputation	
7.	Relieved on Date	Forenoon Afternoon (tick one)
8.	Date of Repatriation	

Annexure 'B'

Disability Details (Please attach Copy of Certificate)

SNo.		
1.	Disability Type	Orthopaedic/ Deaf and Dumb/ Visually Disable(Blind)/ Spastic/ Hearing Impaired
2.	% Disability	
3.	Severe	YES NO
4.	Certificate No.	
5.	Certificate Date	
6.	Issuing Authority	
7.	Administrative Order No.	
8.	Administrative Order Date	
9.	Entitled for Double TA?	YES NO
10.	Remarks	

Annexure-AA

Deputation-In (From CG/SG/IPS/Others) Details

1.	Deputed From	Central Govt./ State Govt./ IAS/ IPS / IFoS / Group A Services/
	Depared	Autonomous/ Private (Please write below)
		Autonomous/ Private (Please write below)
2.	Service Type	
	(IAS/IPS/IFoS)	
3.	Order No.	
4.	Order Date	
5.	Deputed From Office	
	(Please mention full	
	name)	
	,	
6.	State from which	
	Deputed(Only if	
	IAS/IPS/IFoS)	
7.	Deduct GIS as per	YES/NO
	above State/Others	
	(General Insurance	
	Scheme)	
	,	
8.	Designation Before	
	Deputation	
	Data (Data)	
9.	Date of Deputation	
10.	Date of Repatriation	
-0.	2 acc of Reputification	

For Office (Admin) Use Only

The following information provided by the officer/official is verified as per available records:

S.I No. 2,4,7,10,12,22,28,29,32,33,37.

Signature of the verifying authority

Note: Attach the Copy of following documents:

- 1. PAN CARD
- 2. AADHAR CARD
- 3. CANCELLED CHEQUE(copy only)
- 4. PRAN Card (If Applicable)
- 5. Disability Certificate (If Applicable)
- 6. Rent Bill(AAN No.)[If in position of Govt. Accommodation(Directorate of Estates)]