



POORNIMA

COLLEGE OF ENGINEERING

E13

ALL PURPOSE BIO-DATA FORM

Employee No. (To be filled by Office)					PASTE YOUR LATEST PHOTOGRAPH HERE (NO STAPLING) Full Signature In Black Ink ↓	
Name: (In capital letters) (underline surname)						
Father's / Husband's Name						
Date of Birth (DDMMYY)						
Date of Joining (PF)						
Category (√)	GEN.	SC	ST	OBC	OTHER	
Employee Type (√)	Teaching	Technical	Non – Technical (Admin Staff)			
Department with Branch						
First Post (Designation) (At the time of Joining)						
Whether Promoted after joining PF	YES / NO	Present Designation				
Institute (Where posted)						
Present Address: (with Pin Code) :						

_____ Pin Code _____						
Phone No. with code				Mobile No:		
ACADEMIC QUALIFICATIONS (From High School Class X onwards for Faculty)						
S.no	Class / Diploma / Degree (with name of Board / University)			Year of Passing	Division	
OTHER QUALIFICATIONS						
S.no	Description				Year	
1	NET / SLET					
2						
3						
4						
Technical Expertise / Specialization (If any, specify)						

Industrial Training Attended (if any, specify & enclose documentary proof)						

Seminar / Paper Presentation / Academic Projects (if any, specify & enclose documentary proof)						

Publications (if any, specify)						

Achievement (if any specify)						



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Co – curricular activities	(i). Arts & Craft : YES/ NO		If YES (Specify):			
	(ii). Games & Sports : YES /NO		If YES (Specify):			
	(iii). Cultural : YES / NO		If YES (Specify):			
	(iv). Any other (Specify) _____					
Total Experience	Teaching (With PF-In Yrs)		Non – Teaching / Other (With PF-In Yrs)		Year (s)	Month(s)
Total Experience (Other Institutions)						
S.no	Name of the Institution	Designation	Teaching/Non-Teaching	Tenure From To	Total Yrs. Mths.	
Identification Mark						
Height (in cms.)	Voter ID /Driving License					
E-mail ID						
PAN No.		Passport No				
Blood Group	ICICI Bank A/C No					
VEHICLE DETAILS						
Type of Vehicle	Registration No.		Driving License Number			
Name of the Nominee						
Relationship						
Date of Birth (DDMMYY)					Age	Years
If nominee is minor, the details of his/her guardian						
Name of the Guardian						
Relationship						
Date of Birth (DDMMYY)					Age	
Guardian's Address: (with Pin Code) : _____						
Pin code _____						
Phone No. with code		Mobile No:				
Details of dependent family members						
S.No	Name of the members	Date of Birth (DDMMYY)			Age	Relation-ship
(v)	Details of other family members (serving or retired member)					
S.No		Date of Birth (DDMMYY)			Age	Relation-ship
(w)	Any Other Relevant Information					
I Certify that the above information is correct and true						
Name;		Initial		Full Signature of the Employee		
Date:						