



Directorate of Technical Education Department.

तंत्रशिक्षण संचालनालय, महाराष्ट्र राज्य.

Sample form for MIS

Sevarth No.	Title. <input type="radio"/> Mr. <input type="radio"/> Mrs. <input type="radio"/> Ms.	Full Name.	Name in Marathi.
Gender. <input type="radio"/> Male. <input type="radio"/> Female.	Date of Birth. (DD/MM/YYYY)	Email.	Contact Number. (without '91' or '0')
Appointment Details.			
Mode of Selection. <input type="radio"/> Nomination. <input type="radio"/> Promotion	Order Number.	Order Date (DD/MM/YYYY).	Appointment Category (If Nomination or Promotion).
Cadre	Course	Course Level (If Applicable). <input type="radio"/> Diploma <input type="radio"/> UG <input type="radio"/> PG	Appointment Designation.
<input type="radio"/> शासकीय अभियांत्रिकी महाविद्यालय, महाराष्ट्र अभियांत्रिकी शिक्षक सेवा गट -अ <input type="radio"/> शासकीय तंत्र निकेतन, महाराष्ट्र तंत्र निकेतन शिक्षक सेवा गट -अ			
Pay Scale			
Current Posting Details.			
Job Role In Institute <input type="radio"/> Teaching <input type="radio"/> Administrative	Post (Institute will fill this field)	Promoted under CAS? Yes/No	If promoted under CAS then new designation
Institute Joining Date.	Current Working Status.(Working/on leave/ deputation etc..)	Place of Deputation (If On Deputation).	Remark (If Any).

Personal Details.			
Employee Father's Name.	Employee Mother's Name.	Employee Mother Tongue.	Employee Aadhar Number.
Employee PAN Number.			
Change In Name.			
Change In Name.	Old Name(if any)	Gazette for Name Change.	Gazette Date.
<input type="radio"/> Yes <input type="radio"/> No			
Religion Details.			
Religion	Category	Cast	Caste Certificate Number
Date of issue of caste certificate. (DD/MM/YYYY).	Caste certificate issuing authority.	Caste validity certificate number.	Date of Issue of caste. validity (DD/MM/YYYY)
Name of caste validity certificate Issuing samitee.			
Employee Disability Status.			
Employee disability status	If disable then PWD type	%of Disability	Date of Disability
<input type="radio"/> Yes. <input type="radio"/> No.			<input type="radio"/> By Birth <input type="radio"/> Date as per PWD Certificate
Date as per PWD Certificate (If applicable)			
Address Details.			
Residential Address.	Permanent Address. Same As Residential Address:- <input type="checkbox"/>	Home Town Address. Same As Residential Address:- <input type="checkbox"/>	

Additional Details

Employee Married Status	
<input type="radio"/> Single. <input type="radio"/> Legally Separated <input type="radio"/> Married. <input type="radio"/> Widowed	

(If Married fill below Spouse details.)

Spouse Full Name	Change in Spouse Surname (If any) ?	If spouse surname changed please provide surname.	Spouse father name.
	<input type="radio"/> Yes <input type="radio"/> No		
Spouse Mother Name.	Is Spouse Employed?	If spouse employed then name of employer.	Spouse Designation.
	<input type="radio"/> Yes. <input type="radio"/> No.		
If Spouse is State Government Employee then put Sevarth ID.	Spouse work Location	Spouse Handicap Status	
		<input type="radio"/> Yes <input type="radio"/> No	

Children Details (If Any).

Child Number.	Gender.	Name.	Date of Birth (DD/MM/YY)
1	<input type="radio"/> Male <input type="radio"/> Female		
PWD			
<input type="radio"/> Yes <input type="radio"/> No			
2			
PWD			
<input type="radio"/> Yes <input type="radio"/> No			

Educational Details.

(Please start with 10th std. education)

Level. (10,12,Diploma etc..)	Discipline. (If Applicable)	Specialization. (If Applicable)	Board/University	% of marks	Class Obtained	Passing Year

Experience Details.

- Do not add your current experience.
- Add only experience in DTE institutes or DTE offices.

Experience No :-

Mode of Selection	Order Number	Order Date	Appointment Category (if mode of selection is Nomination/Promotion)
<input type="radio"/> Nomination. <input type="radio"/> Transfer <input type="radio"/> Promotion			
Institute Organization Name	Job Role	Course/Stream	Designation
	<input type="radio"/> Teaching <input type="radio"/> Administrative		
Pay Scale	Date of Joining	End Date	Reason For Leaving
			<input type="radio"/> Request Transfer. <input type="radio"/> Deputation <input type="radio"/> Administrative Transfer <input type="radio"/> Nomination <input type="radio"/> Left <input type="radio"/> Any Other
If reason for leaving is Deputation then Deputation Location.	Remarks(ifs Any).		

Experience No :-			
Mode of Selection	Order Number..	Order Date.	Appointment Category (if mode of selection is Nomination/Promotion).
<input type="radio"/> Nomination. <input type="radio"/> Transfer <input type="radio"/> Promotion			
Institute Organization Name.	Job Role.	Course/Stream.	Designation.
	<input type="radio"/> Teaching <input type="radio"/> Administrative		
Pay Scale.	Date of Joining.	End Date.	Reason For Leaving.
			<input type="radio"/> Request Transfer. <input type="radio"/> Deputation <input type="radio"/> Administrative Transfer <input type="radio"/> Nomination <input type="radio"/> Left <input type="radio"/> Any Other
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Institute Organization Name.	Job Role.	Course/Stream.	Designation.
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If reason for leaving is Deputation then Deputation Location.	Remarks(ifs Any).		

Note:-If you have more than 3 experience then print this single page as per your requirement and then attach with this form.

Employee Certificate & Verification Details

Certificate Name.	Certificate Issue Date.	If Exemption then Exemption Certificate Date.
Police Verification.		N/A
Medical Certificate		N/A
MS-CIT Certificate		
Marathi/Hindi Exemption Certificate		

Employee Probation Details

On Probation?	If Yes then probation completed?	
<input type="radio"/> Yes. <input type="radio"/> No.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Gov. Letter Not Received	
If on probation and probation completed then fill below details		
Probation completion Date	Gov. Letter No.	Gov. Letter Date

I, the undersigned, hereby declare that the information given by me in this MIS form is true to the best of my knowledge & belief. If at later stage, it is found that I have furnished wrong information, I am aware about the legal and or penal action as per the provisions of the law.

Employee Name & Signature: -

Date: -