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4,44,135 Total number of Students

	Hon. Sharad Pawar President READ MESSAGE		Hon. Dr. Anil Patil Chairman READ MESSAGE
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LOGIN

Username

Password

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NEWS/MEDIA

अभोधितन चिंतन व कुतजता सोडळा
 दि.०४/०१/२०२३ [READ MORE](#)

CIRCULARS

परिपत्रक क्र. ४४(२२-२३)-जनरल विभाग
 - यशवंतराव चव्हाण आदर्श शिक्षक
 पुरस्कार - २०२३ सठी प्रस्ताव
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उच्च माध्यमिक / कनिष्ठ
 महाविद्यालयीन शिकाकांची सेवाज्येष्ठता
 यादी दि.२६/१२/२०२२ (सागू पुरती यादी)

शाळा सिद्धी माहिती (For English
 Medium) [more...](#)

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Principal
S.S.G.M.College
Kopergaon

Appointment Information

• Submitted Documents : (Tick only)

- Birth Certificate
- Bonafide Certificate
- Cast Certificate
- Cast Validity
- Character Certificate
- Degree Marksheet & Certificate
- Diploma Marksheet & Certificate
- Disability Certificate
- Eligibility Marksheet & Certificate
- Experience Certificate
- Medical Fitness Certificate
- Original Marksheet & Certificate of 10th Std
- Original Marksheet & Certificate of 12th Std
- PG Degree Marksheet & Certificate
- School Leaving Certificate

• Medical Exam Details :

Medical Exam Date : / /

Result of Medical Exam : _____

• Memos and Non-sanction Leaves :

No. of Memo for Non-sanction leaves : _____

No. non paid leaves : _____

• Disciplinary Action :

Type of Disciplinary Action : Major / Minor

Type of Disciplinary Action Taken : Debarred from Examination work /Suspension /Others

By Whom was Disciplinary Action Taken : College/ University/ Sanstha/ Board/ Others

Action Applicable Duration : From / / To / /

Action Revoke : No / Yes

If Yes, Revoke Date : / /

Revoke Details : _____

Personal Information Details

• **Personal Details :**

- Employee Name in (English) : _____
- Employee Name in (Native Language) : _____
- Gender : Male / Female
- Date of Birth : _____
- Religion : _____
- Nationality : _____
- Marital Status : (Single / Married / Divorced / Widow / Separated)
- Height (in centimeters) : _____
- Identity mark : _____
- Is the Name Changed : Yes / No

If Yes, give the reason : Willingly / After Marriage

Name Change Resolution Reference no : _____

Name Change Resolution Reference Date : _____

Previous Name : _____

Previous Name in Native Language : _____

- Mother's Name (Full Name) : _____
- Mother's Name in Native Language : _____
- Father's Name (Full Name) : _____
- Father's Name in Native Language : _____
- Nominee Name (Full name) : _____
- Nominee Name in Native Language : _____
- Nominated Person is : (BROTHER / DAUGHTER / FATHER / HUSBAND / MOTHER / SISTER / SON / WIFE)

Permanent Address :	English	Native Language
State :	_____	_____
District :	_____	_____
Taluka :	_____	_____
Address:	_____	_____
At post :	_____	_____
City /Village :	_____	_____
Pin code :	_____	_____
Phone No with STD :	_____	_____

Email ID : _____

Mobile No. : _____

- Is Present address same as Permanent address : Yes / No

- If no then Present Address : English Native Language
State : _____
District : _____
Taluka : _____
Address: _____
At post : _____
City /Village : _____
Pin code : _____
Phone No with STD : _____

- General Detail :

Previous Employee No.(Optional) : _____

PAN No.: _____

PF No.: _____

NSS No.(Adhar card) : _____

GR No : _____

Bank Name : _____

Bank Account No : _____

- Passport Detail :

Passport Number : _____

Issue Date : _____

Valid up to : _____

Place of Issue : _____

State : _____

District : _____

- **Legal & Social Detail :**
- **Category : Open / Reserved**
If Reserved then Category : (GEN/SC/ST/VJ/DT(A)/NT(1)/NT(2)/NT(3)/OBC/SBC/NB)
Caste : _____
- **Physically Challenged : Blindness or low vision /Hearing impaired /**
Locomotor disability or Cerebral Palsy
- **Sport Participation : (District /University/ Zonal/ State /National /International)**
- **Social Reservation Information :**
 - Active-Serviceman/Ward of Active-Serviceman
 - Ex-Serviceman/Ward of Ex-Serviceman
 - Kashmir Migrant
 - Member of Flood / Famine Affected Family
 - Resident of Tribal Area
 - Ward of Secondary Teacher
 - Deserted/Divorced/Widowed Women
 - Freedom Fighter/Ward of Freedom Fighter
 - Member of Earthquake Affected Family
 - Member of Project Affected Family
 - Ward of Primary Teacher
- **Languages known :List of Languages**

Sr. No.	Language Name	Speak	Read	Write
1	Bengali	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Gujrathi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Hindi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Kannad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Malayalam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Marathi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Punjabi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Sanskrit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Tamil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Telugu	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Urdu	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- **Critical Illness :** (Brain Tumour/ Heart valve replacement or repaired /Paralysis /Severe Lung disease/Meningitis/ Stroke/ Open Heart Surgery)

Professional Information

- **Qualification Details :**

Pre-SSC: Qualification I to IX- (only non teaching class IV)_____

SSC- Qualification -S.S.C.

Marking System - Grade/Percentile/Percentage

Date of Passing - / /

Grade - _____

Class - (Distinction/First/Second/Third/Pass)

Board- Indian/Foreign

State-_____

Board Name- _____

School Name-_____

HSC- Qualification - H.S.C.

Marking System - Grade/Percentile/Percentage

Date of Passing - / /

Grade - _____

Class - (Distinction/First/Second/Third/Pass)

Board- Indian/Foreign

State-_____

Board Name- _____

School Name-_____

Diploma : Qualification:_____

Marking System - Grade/Percentile/Percentage

Date of Passing - / /

Grade - _____

Level of Degree: (Advanced/Basic/Bachelor/Doctor/General/Master/Special)

Mode of Learning: (Regular/External/Open/Distance)

Branch/Specialization: _____
Class - (Distinction/First/Second/Third/Pass)
University: Indian/Foreign
State- _____
University Name: _____
Name of College/Institute: _____

• **Qualifying Exam : Eligibility Test (NET/SET etc.)**

Qualification: _____
Marking System - Grade/Percentile/Percentage
Date of Passing - / /
Grade - _____

Degree :Qualification: _____

(For Multiple Degrees Re print this page and fill information for each degree in separate page)

Marking System - Grade/Percentile/Percentage
Date of Passing - / /
Grade - _____
Level of Degree: (Advanced/Basic/Bachelor/Doctor/General/Master/Special)
Mode of Learning: (Regular/External/Open/Distance)
Branch/Specialization: _____
Class - (Distinction/First/Second/Third/Pass)
University: Indian/Foreign
State- _____
University Name: _____
Name of College/Institute: _____
Special Subject: _____
Optional Subjects: _____

• **Previous Experience : (Before appointment letter)**

Profile Type : Teaching / Non Teaching

Employer Name : _____

Employer Address : _____

Date of Joining : / /

Date of Reliving : / /

Job Description : _____

• **Other Skill known: (for Non-Teaching)** _____

• **Assessor Details :**

Assessor Type :(Examiner / Moderator / Paper setter)

Whether on Panel : Yes /No

Type : Internal / External

Code : _____

• **Award Detail :**

Award : (Sanstha/ State/ National/ International)

Award Title : _____

Year : _____

Award From _____

Award for _____

Award Detail : _____

Additional Information

• **Publication Details : (If any)**

• **Publication Type : Book / Research Project**

If Research Project then Research Type : Minor / Major

(Furnish information as per APPENDIX-A)

{ for APPENDIX-A download from www.rayatshikshan.edu}

• **Conference Details :(if any)**

• **Nature of Participation : Conference Attended / Conference Organized**

(Furnish information as per APPENDIX-B)

{ for APPENDIX-B download from www.rayatshikshan.edu}

- Project Details : (if any)

(Furnish information as per APPENDIX-C)

{ for APPENDIX-C download from www.rayatshikshan.edu}

- Participation : (if any)

- Participation in :

- Membership : Examiner / Board of Studies / Faculties / Academic Council / Management or Executive Council / Senate
- Worked As : Pro Vice Chancellor / Director of BCUD / Controller of Exam / Dean, Director
- Extra Curricular Activity : NSS Program Officer / Rector of Hostel / NCC Officer / Second Lieutenant / Karmaveer Vidya Prabodhini (Name of Project)

- Other Details : (For College Only)

- Part of NAAC Team : Yes / No

If Yes then Duration (From / / To / /)

Designation : _____

Provide Details : _____

- Oriented Courses attended : Yes / No if Yes then No. Oriented Courses Attended : _____

- Refresher Course attended : Yes / No if Yes then No. Refresher Courses Attended : _____

- Is recognize as Research Guide: Yes / No

if Yes Approve no. of University : _____

No. of Students guided for M.Phil : _____

No. of Students guided for Ph.D. : _____

No. of Students guided for MSC, PPPR/MBA/Med/Project : _____

- Is any Enquiry going on : Yes / No if Yes give Details : _____

- Sanstha Bodies :

- Life Member : Yes / No From / / To / /

- Life Worker : Yes / No From / / To / /

- Member of General Body : Yes / No.

- Member of Managing Council : Yes / No. From / / To: / /

- Member of Executive Committee : Yes / No. From / / To: / /

- Member of Higher Education : Yes / No. From / / To: / /

- Member of Co-ordination committee : Yes / No. From / / To: / /

- Member of Karmaveer Vidya Prabodhiani : Yes / No

- Director / Member of Rayat Co-op Bank : Yes / No
- Member of Kutumb Kalyan Yojana : Yes / No
- Member of Sevak Welfare Yojana : Yes / No
- Member of Laxmibal Bhaurao Patil Patpedhi : Yes / No
- Member of Krutadnyata Nidhi : Yes / No Membership Starting Date : / /
- Paying 1% of Annual Package : Yes / No
- How much amount Employee Paying per month : Rs. _____

EMPLOYEE SERVICE HISTORY RECORD :

(Note : All records fill from Service Book)

A) Service Record Type : New Appointment - (Fill the First Original appointment order details)

Service Record Type: Appointment

Branch Name: _____

Disignation: _____

Scale:(Mention 4th/5th/6th pay scale) _____

Appointment Date: _____ Joining Date: _____

Letter Ref No. _____ Letter Date: _____

(Noe: For B/C/D records reprint this page)

**B) Transfer Simple /Transfer Promotional / Transfer Reported/ Transfer Administrative/
Transfer Placement (Fill these type records from this page.)**

(Fill All Transfers Records, print number copies of this page and fill all transfers records one by one)

Service Record Type: **Transfer Simple**

Branch Name: _____

Joining Disignation: _____

Scale:(Mention 4th/5th/6th pay scale) _____

Transfer Order Date: _____ Joining Date: _____

Order No: _____

C) Promotions -

(Fill All Promotions Records, print number copies of this page and fill all Promotional records one by one)

Service Record Type: **Promotion**

Branch Name: _____

Disignation: _____

Scale:(Mention 4th/5th/6th pay scale) _____

With Effect From date: _____

Letter No: _____

Letter Date: _____

D) Scale Change - (Senior Scale/ Selection grade etc.)

(Fill All scale change Records, print number copies of this page and fill all scale change records one by one)

Service Record Type: Scale change

Branch Name: _____

Disignation: _____

Scale: (Mention 4th/5th/6th pay scale) (mention name of scale)

With Effect From date: _____

Letter No: _____

Letter Date: _____

I hereby declare, the above mentioned information is true to the best of my knowledge and information. If in case, any information / document found incorrect, I am responsible for the same and the liabilities of the same will on me.

Name of the Employee : _____

Signature : _____

I have personally verified the above mentioned information of the employee from his/her Service Book and I assure that it is correct as per records.

Signature of Head of the Office of the school

Name of the School : _____

HEAD MASTER

Signature and Seal

D:Mahendra Desai/1-12