EMPLOYEE PERSONAL FILE

CONFEDENTIAL RECORD

SEVA MANDAL EDUCATION SOCIETY'S SMT. SUNANDA PRAVIN GAMBHIRCHAND INSTITUTE OF NURSING & PARAMEDICAL SCIENCES, MATUNGA

Smt. Parmeshwari Devi Gordhandas Garodia Educational Complex, 338, R.A. Kidwai Road, Matunga, Mumbai- 400019

EMPLOYEE DEMOGRAPHIC DETAILS:

(Supporting documents to be attached as annexure I)

NAME OF THE EMPLOYEE	
DATE OF BIRTH	
MARITAL STATUS	
TOTAL FAMILY MEMBERS (SPECIFY RELATION)	
CURRENT ADDRESS	
PERMANENT ADDRESS	
LANDLINE/ TELEPHONE NUMBER	
MOBILE NUMBER	
EMAIL ID	
CONTACT DETAILS IN CASE OF EMERGENCY NAME WITH NUMBER	
PHYSICAL PARAMETERS	**HEIGHT:** **WEIGHT:**
BLOOD GROUP	
AADHAAR CARD NUMBER	
PAN NUMBER	
VOTER ID NUMBER	
PASSPORT DETAILS (IF ANY)	
DRIVING LICENCSE DETAILS (IF ANY)	

BANK DETAILS:

BANK NAME WITH ADDRESS	
ACCOUNT NUMBER	
IFSC CODE	

OFFICIAL INFORMATION:

(Supporting documents to be attached as annexure II)

NAME OF THE EMPLOYER	
LOCATION	
DATE OF APPOINTMENT	
DATE OF JOINING	
DESIGNATION ON JOINING	
CURRENT POSITION	
DATE OF RECEIVING OFFER LETTER	
DATE OF ORIENTATION	
REPORTING HOD	
FINAL REPORTING AUTHORITY	
SUBJECTS ASSIGNED	
MUHS APPROVAL STATUS WITH DATE	
TEACHERS DATABASE LOGIN DETAILS	
EXAMINATION LOGIN DETAILS	
INC ENROLLMENT NUMBER	
MNC CNE LOGIN DETAILS	
MNC REGISTRATION NUMBER	
MNC SMART CARD UIN	
MNC REGISTRATION DATE	
MNC REGISTRATION RENEWAL DATE	
TNAI MEMBERSHIP NO.	
EMPLOYEE PROVIDENT FUND NUMBER/ UAN No./ ESIC. No.	
TOTAL YEARS OF EXPERIENCE	

EDUCATIONAL QUALIFICATION (START FROM SSC ONWARDS)
(Supporting documents to be attached as annexure III)

SR. NO	EDUCATIONAL MILESTONE	UNIVERSITY	YEAR OF PASSING	GRADE/PERCENTAGE

MEMBERSHIP DETAILS (annexure IV)

SR.NO	NAME OF THE BODY/ORGANISATION	REGISTRATION NUMBER	YEAR OF REGISTRATION	TYPE OF MEMBERSHIP

UNIVERSITY STAFF APPROVAL RECORD (annexure V)

SR.NO	DESIGNATION AT APPROVAL	DATE OF APPROVAL	APPROVAL NUMBER	TYPE OF APPROVAL TEMPRORARY/ PERMANENT

DETAILS OF EMPLOYMENT (annexure VI)

SR.NO	NAME OF THE EMPLOYER	DESIGNATION	PERIOD OF SERVICE	TOTAL YEARS	DATE OF RELIEVING

DETAILS OF RESPONSIBILITY UNDERTAKEN

ACADEMIC RESPONSIBILITY:

SR.NO	YEAR	SUBJECTS TAUGHT	UNIT NO. & HOURS

EVALUATIONS ASSIGNED:

SR.NO	YEAR	NATURE OF EVALUATION	NUMBER OF EVALUATION

CLINICAL POSTING:

Month	Year of students	Hospital

COMMITTEES INVOLVED IN:

SR. NO	NAME OF THE COMMITTEE	DESIGNATION

NAAC RESPONSIBILITY:

SR.NO	CRITERION INVOLVED IN	WORK SPECIFICATION

OTHER COLLEGE LEVEL RESPONSIBILITIES:

SR.NO	WORK ASSIGNED	WORK SPECIFICATION

UNIVERSITY LEVEL INVOLVEMENT: (annexure VII)

AREA YEAR	BOS MEMBER	ACADEMIC COUNCIL	PAPER SETTING	CENTRAL PAPER ASSESSMENT	PRACTICAL EXAM	ANY OTHER

AWARDS /RECOGNITIONS/ SPECIAL ACHIEVEMENT: (annexure VIIIA)

SR.NO	AWARD	POSITION	AWARDING BODY	YEAR	NATURE OF AWARD

ANY REMARKABLE /SPECIAL CONTRIBUTION TO THE ORGANISATION: (annexure VIIIB)

DATE	PARTICULAR

RESARCH ACTIVITIES UNDERTAKEN/ COLLABORATED (annexure IX)

RESEARCH CONDUCTED:

YEAR	TITLE OF RESEARCH	NATURE OF FUNDING	TYPE OF RESEARCH (INDIVIDUAL/ COLLABORATION)	EXTENT OF RESEARCH (LOCAL/ STATE/ NATIONAL/ INTERNATIONAL.	WHETHER PUBLISHED	
					YES	NO

RESEARCH STUDIES GUIDED:

SR.NO	TITLE OF RESEARCH	NAME AND YEAR OF STUDENT	TYPE OF RESEARCH (INDIVIDUAL/ COLLABORATION)	EXTENT OF RESEARCH (LOCAL/ STATE/ NATIONAL/ INTERNATIONAL).	WHETHER PUBLISHED	
					YES	NO

RESEARCH PUBLICATIONS: (annexure X)

SR.NO	TITLE OF THE PAPER	NAME/S OF THE AUTHOR/S	NAME OF THE JOURNAL	YEAR OF PUBLICATION	ISSN NUMBER	VOLUME/ ISSUE	NAME OF THE INDEXING DATABASE

BOOKS / CHAPTERS IN EDITED VOLUMES/BOOKS PUBLISHED: (annexure XI)

SR.NO	TITLE OF THE TOPIC/ BOOK/ ARTICLE	NAME/S OF THE AUTHOR/S	NAME OF THE BOOK	YEAR OF PUBLICATION	ISBN/ISSN NUMBER	VOLUME/ PAGE NOS	NAME OF THE PUBLISHER

DETAILS OF INSERVICE EDUCATION ATTENDED :(PLEASE MENTION THE TOPIC) (annexure XII A) (ATTACH THE CERTIFICATE COPIES IF ANY)

DATE	CONFERENCE	WORKSHOP/ SYMPOSIUM/ PANEL DISCUSSION	SEMINAR/WEBINAR	HOSTING BODY/ INSTITUTE	LEVEL			CERTIFICATE RECEIVED	
					INTER-NATIONAL	NATION AL	STATE /CITY	YES	NO

DATE	CONFERENCE	WORKSHOP/ SYMPOSIUM/ PANEL DISCUSSION	SEMINAR/WEBINAR	HOSTING BODY/ INSTITUTE	LEVEL			CERTIFICATE RECEIVED	
					INTER-NATIONAL	NATION AL	STATE /CITY	YES	NO

DETAILS OF REFRESHER COURSES ATTENDED (annexure XII B)

DATE	COURSE TITLE	CREDIT HOURS	HOSTING BODY/ INSTITUTE/ FACILITATOR	LEVEL			CERTIFICATE RECEIVED	
				INTER-NATIONAL	NATIONAL	STATE /CITY	YES	NO

DETAILS OF REFRESHER COURSES ATTENDED (annexure XII B)

DATE	COURSE TITLE	CREDIT HOURS	HOSTING BODY/ INSTITUTE/ FACILITATOR	LEVEL			CERTIFICATE RECEIVED	
				INTER-NATIONAL	NATIONAL	STATE /CITY	YES	NO

DETAILS OF INSERVICE EDUCATION CONDUCTED/ ORGANISED: :(PLEASE MENTION THE TOPIC) (annexure XII C) **(ATTACH THE CERTIFICATE COPIES)**

DATE	CONFERENCE	WORKSHOP/ SYMPOSIUM/ PANEL DISCUSSION	SEMINAR/WEBINAR/ CNE	HOSTING BODY/ INSTITUTE	LEVEL			CERTIFICATE RECEIVED	
					INTER-NATIONAL	NATIONAL	STATE /CITY	YES	NO

SPEAKER DETAILS: :(PLEASE MENTION THE TOPIC) (annexure XIII) (ATTACH THE CERTIFICATE COPIES IF ANY)

DATE	CONFERENCE	WORKSHOP/ SYMPOSIUM/ PANEL DISCUSSION	SEMINAR/WEBINAR/CNE	HOSTING BODY/ INSTITUTE	LEVEL			CERTIFICATE RECEIVED	
					INTER-NATIONAL	NATIONAL	STATE /CITY	YES	NO

PARICIPATION IN EXTENSION ATIVITIES OTHER THAN CONFERENCES, WORKSHOPS AND SEMINARS: (annexure XIV)

Year	Name of the Extension activity	Organising unit/ agency/ collaborating agency	LEVEL			CERTIFICATE RECEIVED	
			INTER-NATIONAL	NATIONAL	STATE /CITY	YES	NO

RECORD OF OTHER HONOURS AS, JUDGE FOR COMPETITION/ CHIEF GUEST/ GUEST OF HONOUR/ INTERVIEWER/ ASSESSOR (annexure XV)

DATE/ YEAR	HONOUR	PROGRAMME	HOSTING BODY/ INSTITUTE	LEVEL		
				INTER-NATIONAL	NATIONAL	STATE /CITY

HEALTH RECORD

A. FAMILY HEALTH RECORD

	Age	History of Tuberculosis, Mental / Nervous Disease, Epilepsy, Heart Disease, etc.	If deceased	
			Date	Cause
Father				
Mother				
Brother				
Sister				
others				

B. PERSONAL HEALTH RECORD

1. Past Medical History: --

2. Past Surgical History: --

3.H/O Communicable disease: --

4.Physical defects (Congenital or Acquired): ---

5.H/O Convulsion: --

6. Vision:

12.Allergy if any:

14.Need for counselling/ Psychiatry assistance:

C. MONTHLY WEIGHT RECORD (in kg)

Year	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	June	July

D. HOSPITAL ADMISSION IF ANY

YEAR	REASON FOR HOSPITALISATION	PERIOD		LEAVE GRANTED/ LWP
		FROM	TO	

E. IMMUNISATION RECORD (Covid vaccine certificate can be attached as annexure XVI)

YEAR	VACCINATION (HEPATITIS/ COVID)	DOSES		
		1ST	2ND	3RD

SIGNATURE OF THE STAFF

SIGNATURE OF PRINCIPAL