

UNIVERSITY OF LUCKNOW

Details of an Employee (Teaching/ Non Teaching)

Form No. (To be given by Office)	Unique ID..... (To be given by Office)	Aadhaar Card No. Voter ID Card No.
Employee Name*		(Place for photo of the Employee)
Father's Name*		
Mother's Name*		
Designation*		
Department*		
Faculty*		(Place for Signature of the Employee)
Category*		
Status (Permanent/ Temporary)*		
Approved/ Unapproved*		
Local Address* (No Official Address)		
Permanent Address*		
Educational Qualification*		
Date of Birth*		
Gender*		
Blood Group*		
Marital Status (married/ Single)*		
Name of Spouse		
Name(s) of Children	1. 2.	
Email*		
Mobile Number*	1. 2.	
Any medical condition for information in case of emergency, medicine sensitivity etc.		
Emergency Contact Information		
Date of Joining University*		
Joining Post*		
Date of Promotion on Current Post		
Date of Joining of Current Post		
Date of Retirement*		

I certify that the above information is correct to the best of my knowledge.

Forwarded by HOD/ Registrar
(Signature and Seal)

Signature of Employee

Enclosures: 1. Appointment letter 2. Promotion letter (if post changed) 3. Date of Birth Proof 4. Address Proof

Note: This information will be used for creation of database of employees of the university, generate identity cards and also to display relevant information on the university website.

All () marked fields in the form are mandatory and form should be duly signed by the mentioned authority.*