



EMPLOYEE ID Creation - Request Form



APTRANSCO

(Fields marked with * are Mandatory)

Name of the EMPLOYEE :-

1) Title : Mr. or Miss. : *	
2) FIRST NAME *	
LAST NAME (SURNAME) *	
3) Designation :	
4) Present Place of Working :	
5) DATE of BIRTH * : (dd.mm.yyyy) (as per SSC)	
6) DATE of JOINING in Organisation * : (dd.mm.yyyy)	
7) Type of Appointment * : (Tick <input checked="" type="checkbox"/> whichever applicable)	Regular / Compassionate / Deputation /Contract

Additional Data :-

GENDER (M/F) * :		HEIGHT (in feet) * :		
WEIGHT (in Kgs) * :		BLOOD GROUP * :		
Physically Challenged (PH) * :	YES / NO	If YES , Indicate Type & % of PH		
Place of Birth * :		NATIONALITY * :		
CASTE * : (OC/BC-A/..../SC/ST)		SUB-CASTE * :		
RELIGION * : (Hindu/Muslim.....)		LOCAL Dist * : (as per 4th to 10th Class)		
Native District * :		Marital Status * :	Single/Married/Divorce/Widow	
Marriage Date * :		No.of Children * :		
Dependent Details :	Name of the Dependent	Relation	DOB (dd.mm.yyyy)	Remarks (if Any)

Address Details:

PERMANENT ADDRESS :-

ADDRESS * :			
City * :	District * :	State * :	
Country*:	PIN * :		

PRESENT (TEMPORARY) ADDRESS :-

ADDRESS * :			
City * :	District * :	State * :	
Country*:	PIN * :		

EDUCATIONAL DETAILS :-

S. No.	Degree	College / University Details	Group/Branch	% Marks	Remarks (if any)
1)	SSC				
2)	DIPLOMA/INTER				
3)	GRADUATION				
4)	POST GRADUATION				
5)	Additional (If Any)				

COMMUNICATION Details:

CELL No -1 * :		CELL No - 2 :	
Personal Mail ID * :		Official Mail ID :	
Residence Phone No :		Office Phone No :	

PERSONAL IDs :

PAN No * :		AADHAR No * :	
Pass Port No :		Driving License No :	
EPF No :		UAN No :	

PAY Details :-

Basic Pay *:		DA :	
HRA : (%) *		Additional Allowances(if any) :	
PAY Unit No:		PAY Unit Name :	
SR Location: (Service Register)			

BANK Details :-

A/c HOLDER NAME : *		ACCOUNT NO: *	
BANK NAME: *		IFSC CODE : *	
BANK Address:			

Declaration: It is certified that the information furnished above is true & correct to the best of my/our knowledge & belief

EMPLOYEE Declaration	AP TRANSCO DEPARTMENTAL ATTESTATION
Signature :	Signature :
Name :	Name :
Designation:	Designation:
Place:	Phone No:
Date:	Place:
	Date:
	(Departmental Stamp)

For new EMPLOYEE ID creation in SAP ERP, Please send the request at hcmone@aptransco.gov.in