

THE FOOD CORPORATION OF INDIA

CARDEX FORM

(To be submitted by all employees at the time of joining service)

01. Name of the Employee :
02. Father's Name :
03. Designation of the post to which appointed :
04. Martial Status (Married/Unmarried) :
05. Whether member of Scheduled :
 - a) Caste :
 - b) Tribe :
(Specify the particular Caste / Tribe) :
06. Identification Marks :
 - 1.
 - 2.
07. a) Permanent Address :

b) Present Address :

contd...2

- 08. Home Town (for the purpose of LTC) :
- 09. a) Date of Birth :
- b) Particulars of Birth :
- i. Place :
- ii. District :
- iii. State :
- 10. Languages the employee can :
- a) Read :
- b) Speak :
- c) Write :
- 11. Mother Tongue :
- 12. Educational Qualifications :
- 13. Technical Qualifications :
- 14. Particulars of previous experience(Service) :
- a) From :
- b) To :
- c) Post(s) held a brief description :
 work / responsibilities
 in each assignment
- d) Officiating / substantive capacity :
- e) Name of Employer :
- f) Scale of pay of the post(s) :

15. Whether a Food Transferee/
Direct recruite/Absorbed
Deputationist. :

16. If Transferee(i) date of
joining in Food Department
and Designation held there :

ii) Gazette Notification No.
& Date under which services
finally transferred to FCI :

17. Particulars of wholly
dependent members of family :
(for the purpose of claiming
LTC and reimbursement of
Medical expenses etc.)

Sl.No.	Name of Family Member	Relationship	Age

DECLARATION

I hereby declare that the above particulars furnished by me are true to the best of my knowledge. I also undertake that any change in the above particulars shall be intimated by me at the appropriate time. I also understand that any incorrect information submitted by me in this respect shall make me liable for severe disciplinary action which may include a major penalty.

Signature :
Name :
Date :
Station: Designation
and office :

CERTIFICATE

(To be recorded in the case of Existing Employees only)

This is to certify that I have verified the above particulars submitted by the employee with the available documents and personal file of the employee and found them in order and accepted the same.

Signature :
Name :
Designation :
Office :

NOTE : Certificate to be signed by the officers authorized to verify accept & preserve the Cardex Form.