

Most urgent/ Out Today

No.12027/01/ 2014 - SSS
Government of India
Ministry of Statistics & Programme Implementation
(SSS Division)

Sardar Patel Bhawan, Sansad Marg
New Delhi-110001

Dated: 17th September, 2014

OFFICE MEMORANDUM

Sub: Service particulars of Subordinate Statistical Service (SSS) officials - regarding.

The undersigned is directed to convey that it has been decided to collect updated service particulars in respect of SSS incumbents for smooth cadre management of Subordinate Statistical Service (SSS).

02. In view of this, all participating Ministries / Departments / Organizations of SSS are requested to circulate the format (enclosed) among all concerned officials working under their administrative control with proper acknowledgment and collect filled in format from the official concerned. All administrative units are also requested to verify the service particulars indicated in the format from the service book of the concerned officials. After due verification, the same may be sent to CCA of SSS latest by 17th October 2014.

Enclosed: As above.

Saraswathy
(K. Saraswathy)
Under Secretary to the Govt. of India
Tel. 011-23340888

All participating Ministries of SSS.
MOS&PI Website.

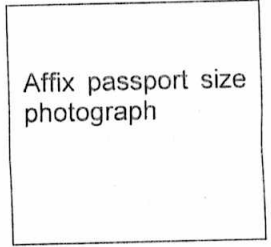
Service profile of Subordinate Statistical Service Officials
(Please fill in block letters)

Employee Code: _____

1. Personal Details:

- (i) Name
- (ii) Date of Birth
- (iii) Father's Name
- (iv) Designation in SSS (SSO or JSO).
- (v) Seniority number in seniority list.
- (vi) Category (SC / ST / OBC / Others) :
- (vii) Native Place:
- (viii) Whether Temporary or permanent:
- (ix) Scale of Pay
- (x) Sex
- (xi) Residential Address.....
(in block letters)
- (xii) Phone No. with STD Code:
- (xiii) Married Yes/No

If yes, is spouse working
If yes, (Whether in Central Govt. /State Govt. /PSU/Autonomous
Body/Others).....
Please specify the place of posting of spouse.....
[Furnish appointment order & latest certified salary slip of spouse]
- (xiv) Details of Handicapped children, if any: Yes / No
[If yes, then enclose copy of birth certificate issued by competent Govt.
Hospital in respective of concerned children].
- (xv) Whether belong to Minority Community: Yes / No
If yes, then name of Community:



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(xvi) Nature of Disability [Low Vision, Hearing Impairment and Locomotor [40% or More disability], if any : Yes / No
[If yes, then enclose certified documents issued by competent Govt. Hospital]

3 Name of the post, on which direct recruitment was made:

- (i) Name of the post :
- (ii) Pay Scale :
- (iii) Date of joining :

4. Details of ACPs:

- (i) Pay Scale and Date for 1st ACP:
- (ii) Pay Scale and Date for 2nd ACP:

5. Details of MACPs :

- (i) Grade Pay and date for 1st MACP:
- (ii) Grade Pay and date for 2nd MACP:
- (iii) Grade Pay and date for 3rd MACP:

6. Posting Details:

Give the details of previous postings in chronological order (From present to the entry into the Government)

S. No.	Designation	Pay-scale	Office	Place of Posting	From-----To
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

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Declaration

I hereby declare that the information mentioned above is true to the best of my knowledge.

Date:
Place:

(Signature & Name of the Official)

For Office use only

It is certified that the above information have been verified from his/her service book and found correct.

Dated:

Signature, Name and Stamp of Head of the Office

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