UNIVERSITY OF JAMMU

CIRCULAR

SOP for uploading of employees data on CPIS

In continuation to order No.Estab/22/22314-57 dated 05.12.2022 the following Standard Operating Procedure is hereby approved for completing the assignment in a time bound manner

- Each Department / Section shall designate one or more employees who shall fill the forms to be uploaded on CPIS (enclosed as Annexure) and submit the hard copies of the Forms authenticated by the Establishment / Teaching wing / Salary / Advances / concerned Section.
- 2. As any correction in CPIS data is a lengthy process, which is to be routed through Administrative Department to NIC, it is advised that while uploading the information received in hard copies on portal, the concerned employee can, if he/she so desires, visit the team uploading the information for which the concerned Department / Section shall be intimated well in advance, so as to verify and ensure that the details submitted on CPIS portal are correct, before final submission of the details.

No: Estab/22/ 22514-613
Dated: 05/12/2022

- 1. Special Secretary to the Vice-Chancellor for kind information of the Hon'ble Vice-Chancellor please.
- Dean Research Studies/ Dean Academic Affairs / Dean Planning & Development for information please.
- 3. Registrar/ Controller of Examinations/CDC/DDE/DIQA for information please.
- 4. All Rectors / Directors of the Offsite Campuses of the University
- All Heads/Directors of the Teaching Departments of the University for designating an official of concerned Department to submit the hard copies of CPIS forms of employees of concerned Department
- 6. Dean Students Welfare/Provosts (Boys/Girls Hostels)/Dean Students Placement/I/c Librarian (Dhanvantri Library)
- 7. I/c Administrator, General Zorawar Singh Auditorium
- 8. Joint Registrar (Finance)/ Joint Registrar (CDC)/ Joint Registrar (Examinations)
- 9. I/c Computer Centre / I/c University Website/Coordinator Campuses
- 10. Programme Coordinator (NSS)
- 11. All Wardens of University Hostels
- 12. All Dy. Registrars/SE/EXEN/ I/c Media Cell / Manager Guest House
- 13. Medical Officer, University Health Centre
- 14. Chief Account Officer
- 15. All Assistant Registrars
- 16. Chief Security Officer
- 17. All Sections/Guard File
- 18. Manager Guest House
- 19. President, JUNTEU & JUNGEU
- 20. Guard File

Form-1

Instruction: This form required to be duly filled up and submitted by the prospective employees while reporting for duty on Old/ fresh appointment. The officer before whom the prospective employee reports for duty and the appointing authority required to counter sign the duly filled up form submitted by the prospective employee. After getting the form counter signed by the DDO Subject Assistant will feed the data into JKCPIS and obtain Employee Code from the system and write down it in the box provided below for the purpose

Specimen Signature

					passport size photo
PART-A (For Office use)			,	T T T	
Employee Code		UID			
PART-B PERSONAL DET (To be filled up by the p	AILS . prospective		yee)		
Department		Office	12 m		
Permanent Resident Ce	rtificate F	ile No.			•
First Name (In capital letters)					
Last Name (In capital letters)		T = - 71	(# (E)		
Date of birth (DD/MM/YY)		Sex (M/F)		
Name of Father					
Name of Mother	* *				
Category (General/Reserved)		SC/ST, Sports	/OBC/RBA/AL /PHC/Ex-serv	C/ iceman	
Nationality	9	Religio	n		
Blood Group		(unma	l status rried/married	/divorce	e).
(Optional) Spouse's Name		Profes (State	sion of Spous Govt./ GOI r/Private/ N	e /Public lone)	3
If spouse working in G	overnmen	t/Public	Sector Dep	artment	Mr. 3
Name of the Department			Designation		

Signature of Employee

Signature of concerned Clerk

Signature of concerned Head/Officer

Affix a

recently taken

Dated

Dated

Specimen Signature

Form-2

ning Details		Order No.	1		٥
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ate of Appointment		Initial Joinir	19	10 to	
1.7-ining		Office	-		
nitial Joining		Initial	1		
epartment	4. 0. 4. 1	Designation Initial Grad	le Pay	100	
Date of Joining	**************************************	100	- 25 - 25 I- 40		
Pay Band of initial		Permanen	t/Temp		1
Post *		orary Emp	loyee		
- Basic Pay *		/ NO	n-		
Initial Basic Pay *		Gaz./Cla	22 74	1	
Employee initial cadre		* optiona	I fields	511 6 T T T T T T T T T T T T T T T T T T	er er
		Ореги			O Stylense
present DDO Code		10.00			11/1/4
Salary Details			P/	AN No.	
				7	
Current Pay Band		Basic Pay			2011 Fig. 1
		GPF/ PRAN	1 No.	216	
Grade Pay		- Luction	Type		
Personal/Special Pay		GPF/CPF	(NPS)		AL SECTION OF
Dearness Allowance/	30 B.		14		
Dearness Pay/Coll		GIS/SLI	Member		
YES/NO					
Non-practicing Allowance (NPA) YES/NO Allowance YES/NO		TCIS/SII	Mulinei	-	7-3054
Allowance (NPA) YES/NO Charge Allowance YES/NO		the second secon	- ilar	ITOTY I	
Charge Allowanies	•	Dencion	- 10 /0 -	mployer's	
City Compensatory		chare f	or NP3	YES/NO	
Allowance 1257		- 1/2 da	vs ray	The Control of the Co	-
Medical Allowance YES/NO		Pocket	Money 1	ES/NO	
Medical Allowance					-
Temporary Move Allowance		Settler	ment Allo)Wance	3
YES/NO Newance		· ·		4 14 1	
House Rent Allowands		Fixed	T.A.		+
YES/NO YES/NO		Dacar	d Allowa	nce	1
Risk Allowance 1257		Recor	—		
1	i e i	. 1	The second second		-
Compensatory		Spec	al Duty	Allowance	
YES/NO NIOWANCE					-
Ration Money Allows	<u></u>	Anv	Other All	owance	
	8	1000	5054085015 1940		
Hardship Allowaries					
YES/NO Kit Maintenance Allowance	2 324			ti- aluding	
Kit Maintenance And		Tota	al Salary	(including	9
YES/NO Conveyance Allowance				and the first of the second se	
Conveyance Allows		Sav	ing A/c	NO.	7. N
YES/NO Name of Salary Bank	·				

Contribution to NPS	(Employer + Employee) :	westment of	
Accumulations und	er NPS (including earnings from in	ivestifient of	
Contribution):		e oller Mil.	
<u>Leave Details</u>			
Accumulations of	AS on Date		· · · · · · · · · · · · · · · · · · ·
Earned Leave	Total number of days EL	accumulated	
Period of EL availed (Recently) - From:	To:	
Number of times Mat	ernity Leave availed:		
Accumulations of	AS on Date		
Half Pay Leave	Total number of days acc	cumulated	
	i (Recently) - From:	To:	1.175
Period of Suspension	(if any)	8.	
Period of Saskation			
Major Penalty impos	ed, if any		
Treemo of E	arents from all sources		

Signature of Employee

Signature of concerned Clerk

Signature of concerned Head/Officer

Dated

Dated

Form-3

mployee offic	e details		
Current Designation		Current Post	
Current Cadre: State/ Div./		Current office	
District Present addre	· · ·	Permanent add	iress
House No/		House No/ Street No	
Street No Street Name		Street Name	9
Place		Place	
Pin	*	Pin	
State		State	
District		District	
Tehsil		Tehsil	
Village		Village	
Phone No.		Phone No.	
Home Town		Home Town	
<u> </u>			
Mobile No.		Email address	
25 10 27			Sulpagar !
9	vt. accommodation all		Srinayar ,
Details of ac	commodation, if hired	I(Y/N)	

Signature of I	Employee
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Signature of concerned Clerk

Signature of concerned Head/Officer

Dated

Dated

Form - 4

	ACADEMIC QUALIFICA			
Degree/Diploma	Name of Board/ University	Marks Obtained (In %)	Year of Passing	Grade
	-8			
	•			
70			-	
4				
	. * **			
	THE CAL CHAITETC	ATION	q	
	TECHNICAL QUALIFIC	Marks	Year of	
Degree/Diploma	University	Obtained (In %)	Passing	Grade
		. 10. 10.4		
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	PROFESSIONAL QUALIF	ICATION		ri -
Degree/Diploma	Name of Board/ University	Marks Obtained (In %)	Year of Passing	Grad
				-
ecialized Training, if	anv			
fresher/Training Co ended during service	urse			

Signature of Employee

Signature of concerned Clerk

Signature of concerned Head/Officer

Dated

Dated

Form-5

Promotion	Details	*		
Date of Promotion	Name of the office	Designat	ion	Govt. Order No./ Date
7.		7	1.,	e del
- 8	1 2 20	8 4 4		
	3		4	
				(CF 1)

Signature of Employee	Signature of concerned Clerk	Signature of concerned Head/Officer
Dated	Dated	Dated
Duteu		7,00

Form - 6

Posting Details

7.25	Name of the	Designation	Tenure of	Postings
*	office		From	То
Initial appointment				i i
02 nd posting				
03 rd posting				
04 th posting				
05 th posting				l i
06 th posting				TATE OF BE
17 th posting		8		
08 th posting				
9 th posting		4		
LO th posting				
1 th posting				
2 th posting				
3 th posting				
4 th posting				
5 th posting				
6 th posting				· \ 2
7 th posting				e de la composition della comp

Signature of Employee		Signature of concerned Clerk	Signature of concerned Head/Officer
Dated	111	Dated	Dated

Form - 7

Name of Nominee(s)	Relationship with employee	Date of Birth of Nominee	Share of amount (%)
	1		
· · · · · · · · · · · · · · · · · · ·			
		#2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Nomination Details (Gratui	ty)		and the second second
Name of Nominee(s)	Relationship with employee	Date of Birth of nominee	Share of amount (%)
<u> </u>		The West of State 1	V
		To the second second	
Coon Insurance/SLI Nomi	nee Details		
Group Insurance/SLI Nomi	nee Details Relationship with	Date of Birth	Share of
Group Insurance/SLI Nomin	nee Details Relationship with employee	Date of Birth of nominee	
	Kelationstih Autri		
	Kelationstih Autri		
Name of Nominee(s)	Kelationstih Autri		
Name of Nominee(s)	Kelationstih Autri		
Name of Nominee(s)	Kelationstih Autri		
Name of Nominee(s)	employee		
Name of Nominee(s)	employee	of nominee	amount (%)
Name of Nominee(s)	employee	of nominee	Share of amount (%) Date of Birth of nominee
Name of Nominee(s)	employee	of nominee	amount (%)

Declaration by the prospective employee

The information furnished by me in this joining report is correct to the best of my knowledge and are based on valid documents. I also hereby produce original documents in respect of all the information given below before the reporting officer for verification. I am also aware of the fact that penal action would be taken against me if any of the information provided by me is found fraudulent.

Signature of Employee Dated

Signature of concerned Clerk

Signature of concerned Head/Officer

Dated