

Telephone: 0471-2721278

NCC Directorate (K&L)
State Wing
Thiruvananthapuram-10

669/A3-Est/2022/NCC

01 Feb 2022

From

The Additional Director General NCC

To

All NCC Group Headquarters, - (Through Official Website)
Units & SS Coy NCC

Sir,

Sub: NCC Dept.- Long Roll of Civilian Staff.

1. The present system of recording/updating the details of employees are being done as per the Half Yearly Strength Return received from units/Gp HQs. The details furnished in the Half Yearly Strength Return are not covering the full details of the employees and their dependents.

2. To fulfill the above requirements, it has now been decided to maintain a proper register named '**Long Roll of Civilian Employees : NCC Department**' at this Dte covering full details of employees. All Gp HQs/Units are therefore, requested to forward the details of employees of their office as per Appendix attached to this letter duly completed in all respect and submitted to this Dte on or before **28 Feb 2022** positively.

Yours faithfully,



A handwritten signature in blue ink, appearing to read 'Sumi', with a horizontal line underneath.

(Sumi Sandipika G Masterley)
Administrative Officer
For Additional Director General NCC

Internal

A4-Est - for necessary action.

PEN : _____

Name of Employee _____

Appendix

| | | | | | |
|-------|--|---|--------------------------|----|---------------|
| 1 | Date of joining in NCC Department | | | | |
| 2 | Designation under which initially enrolled | | | | |
| 3 | KPSC Advice No | | Date | | |
| | If CES, Govt Order No | | Date | | |
| 4 | Turn of Advice | | | | |
| 5 | Appointment order No | | Date | | |
| 6 | Mode of Appointment (Gen/CES/Spl rect SC/ST or Supernumerary) | | | | |
| 7 | Religion/Caste | | | | |
| 8 | Whether SC/ST/OBC/Gen | | | | |
| 9 | Date of birth | | | | |
| 10 | Permanent Address | | | | |
| 11 | Residing Address | | | | |
| 12 | Date of retirement | | | | |
| 13 | Whether under Statutory/Contributory Pension | | | | |
| 14 | PRAN | | | | |
| 15 | If Ex-Serviceman, (Yes/No), if Yes (furnish details as under) | | | | |
| | Name of Force | Rank/Trade at the time of discharge | Period Served | | Total Service |
| | | | From | To | |
| | | | | | |
| 16 | If any previous State/Central Govt service other than at Serial No 15, (Yes/No), if Yes (furnish details as under) | | | | |
| | Name of Department | Designation/category at the time of relieve | Period Served | | Total Service |
| | | | From | To | |
| | | | | | |
| 17 | Whether PH (if yes, furnish details) | | | | |
| S.No | Details of Disability | | Percentage of disability | | |
| (i) | | | | | |
| (ii) | | | | | |
| (iii) | | | | | |

| | | | | |
|-------|-------------------------|----------------------|-----------------|---------|
| 18 | Education Qualification | | | |
| S.No | Details of Exam Passed | University/Institute | Year of Passing | Regn No |
| (i) | | | | |
| (ii) | | | | |
| (iii) | | | | |
| (iv) | | | | |
| (v) | | | | |
| (vi) | | | | |

| | | | |
|-------|--|---------|-----------------|
| 19 | Service Qualification (Department Test passed and details) | | |
| S.No | Name of Examination | Regn No | Year of Passing |
| (i) | | | |
| (ii) | | | |
| (iii) | | | |

| | | | | |
|----|---------------------------------|--|------|--|
| 20 | Service Regularisation Order No | | Date | |
|----|---------------------------------|--|------|--|

| | | | | | |
|-------|--------------------------------------|---------------------|----|----------------------------|-----------|
| 21 | Details of probation :- | | | | |
| | Category to which probation declared | Period of probation | | Date of probation declared | Authority |
| | | From | To | | |
| (i) | | | | | |
| (ii) | | | | | |
| (iii) | | | | | |
| (iv) | | | | | |
| (v) | | | | | |

| | | | | |
|----|----------------------|--|-----------|--|
| 22 | Date of Confirmation | | Authority | |
|----|----------------------|--|-----------|--|

| | | | |
|-------|---|----------------|-----------|
| 23 | Details of Time Bound Higher Grade Granted | | |
| | Category to which Time Bound Higher Grade Granted | Effective Date | Authority |
| (i) | | | |
| (ii) | | | |
| (iii) | | | |

24. If category changed after appointment (if so furnish details with authority)

| | | | | |
|------|----------------------------------|---|----------------|-----------|
| S.No | Designation of previous category | Designation of category to which now category changed | Effective Date | Authority |
| | | | | |

25. Whether LWA/Deputation (if so, furnish details)

| LWA | | Deputation | | |
|------|----|---------------------------|------|----|
| From | To | Name of Department/Office | From | To |
| | | | | |
| | | | | |
| | | | | |

26. Details of dependents :-

| Name | Relationship with the employee | Date of Birth |
|------|--------------------------------|---------------|
| | | |
| | | |
| | | |
| | | |

27. Details of transfer from joining NCC to till date:-

| Name of Units/Gp HQ | Period | |
|---------------------|--------|----|
| | From | To |
| | | |
| | | |
| | | |
| | | |
| | | |

28. Details of promotions including By Transfer appointment

| Designation of Promotion | Effective Date | NCC Dte Proceedings No and date |
|--------------------------|----------------|---------------------------------|
| | | |
| | | |
| | | |
| | | |

Date :

(Signature of employee)

Name & Designation :

COUNTERSIGNED

Unit/Gp HQ :

Station :

Date :