Member's KYC Details Form

SL No	Details of Member of Legislative Assembly	
1	FULL NAME *	
2	DATE OF BIRTH *	
3	GENDER*	
4	MOBILE NO *	
5	FATHER NAME *	
6	MOTHER NAME *	
7	SPOUSE NAME	
8	EMPLOYEE TYPE *	
9	QUALIFICATION *	
10	SERVICE TYPE *	
11	NATIONALITY *	
12	RELIGON	
13	SOCIAL CATEGORY *	
14	PAN *	
15	AADHAR NO *	
16	APPOINTED AS *	
17	PRESENT DESIGNATION *	
18	APPOINTMENT DATE *	
19	APPOINTMENT ORDER *	
20	JOINING DATE *	
21	SUPERANNUATION DATE *	
22	E-MAIL ADDRESS	
23	PAY COMMISSION *	
24	EARNING HOA	
25	GOVT QUARTER OCCUPIED *	
26	ADDRESS LINE (PRESENT ADDRESS) *	
27	STATE *	

28	DISTRICT *	
29	BLOCK/AREA/TOWN	
30	PANCHAYAT WARD	
31	VILLAGE/MOHALLA	
32	HOUSE HOLD NO	
33	PIN	
34	IS PRESENT ADDRESS AND PERMANENT ADDRESS SAME	
35	ADDRESS LINE (PERMANANT ADDRESS) *	
36	STATE *	
37	DISTRICT *	
38	BLOCK/AREA/TOWN	
39	PANCHAYAT WARD	
40	VILLAGE/MOHALLA	
41	HOUSE HOLD NO	
42	PIN *	
43	FULL NAME (Family & Nominee details) *	
44	RELATIONSHIP *	
45	DATE OF BIRTH *	
46	IS HANDICAPPED *	
47	GUARDIAN FULL NAME (In Case Nominee is Minor) *	
48	RELATIONSHIP WITH MINOR *	
49	GUARDIAN DATE OF BIRTH *	
50	ACCOUNT NO *	
51	IFSC CODE *	
52	INCOME TAX	

* Marked field are mandotry