

Registration–cum–employment Register
FAMILY-WISE REGISTER FOR MAINTENANCE AT GP OFFICE UNDER THE SCHEME

(See Para 8(8))

Name of the District	Registration Number (To be filled by GP)							
	B		GP		GS		SN	

Name of Head of the Family:

Address: Village: Mauza: PO PS

Whether SC/ST/OBC/General#:

IAY Beneficiary

LR Beneficiary:

Group/individual photographs of all the Adult Family members

Details of Adult Family members:

Sl. No/ By No	Name	Father's/Husband's name	Age	Sex	Whether Disabled (y/n)	Subsequently added/deleted from date
1	*					
2						
3						
4						
5						
6						

*The name of the head of the family shall be written in this row

Strike out whichever is not applicable

Signature of competent authority

Details of Unemployment Allowances

Sl No.	Name of the family member (To whom paid)	Date of submission of application for employment	Date from which employment is sought	Date of Eligibility of Unemployment Allowance	Period up to 30 days	Rate per day (Rs)	Period more than 30 days	Rate per day (Rs)	Total amount paid (Rs).	Acquaintance Roll No	Signature of the person making entries	Remarks
1	2	3	4	5	6	7	8	9	10	11	12	13

- No row should be left blank in any case
- Every Payment should be entered separately for individual family members
- Red line to be drawn across the table as soon as 100 days of employment has been provided by the Implementing Agency/ GP Officials

EGS JOB CARD

(See Para 9(1))

1. Name of the District

Registration Number (To be filled by GP)							
B	GP	GS	SN				

2. Date of Registration

3. Name of the head of the Household:

4. Address:

Village post mauza police station

Group/individual photographs of all the adult members:

Details of Adult Family members:

Sl. No/ By No	Name	Father's/Husband's name	Age on the date of application	Sex	Whether Disabled (y/n)	Subsequently added/deleted from date	Sign/ LTI of member
1	*						
2							
3							
4							
5							

(All the above fields except the signature/ LTI are to filled by the GP office)

* The name of the head of the family to be entered in this row

Signature of Issuing Authority with seal

Details of Unemployment Allowances#

Sl No.	Name of the family member (To whom paid)	Date of submission of application for employment	Date from which employment is sought	Date of Eligibility of Unemployment Allowance	Period up to 30 days	Rate per day (Rs)	Period more than 30 days	Rate per day (Rs)	Total amount paid (Rs).	Acquaintance Roll No	Signature of the person making payment	Remarks
1	2	3	4	5	6	7	8	9	10	11	12	13

#This job card is valid for 5 years hence the tables to be repeated 5 times.

- No row should be left blank in any case
- Every Payment should be entered separately for individual family members
- Red line to be drawn across the table as soon as 100 days of employment has been provided by the Implementing Agency/ GP Officials