



**Dedicated Freight Corridor Corporation of India Ltd.**

**(A Government of India Enterprises)**

5<sup>th</sup> Floor, Pragati Maidan, Metro Station Building Complex, New Delhi- 110001

Corporate Identity Number U60232DL2006GOI155068 Web:

[www.dfccil.gov.in](http://www.dfccil.gov.in)

No. 2018/HQ/Admin/RTI-577

New Delhi: 14.12.2018

Shri Sonu Yadav  
Village Samsallipur  
Post-Mahul,  
Phoolpur/Mahul/Azamgarh  
UP-223225

Subject: Providing information w.r.t. Original Application received under the RTI Act.2005.

**Reference: Your RTI Application dated 10.12.18 received through DOPT.**

Information i. r. o. your above RTI application as received is attached.

Hope the above information is complete and satisfactory. If not, then you can appeal within 30 days of receipt of the letter to the 1st Appellate Authority whose name and address is as under;

Shri Satish Kothari, GGM/Administration DFCCIL,  
5th Floor, Pragati Maidan Metro Station Building, New Delhi-110001.

**(S.K.PANDA)**

**Dy. G.M/Admn.(PIO)**

**E-mail: [skpanda@dfcc.co.in](mailto:skpanda@dfcc.co.in)**

**9717636811**

DA: 04 Sheets.



डेडीकेटेड फ्रेट कोरीडोर कार्पोरेशन ऑफ़ इंडिया लि.  
Dedicated Freight Corridor Corporation of India Limited

(भारत सरकार का उपक्रम)  
(A Govt. of India Enterprises)

5<sup>th</sup> Floor, Pragati Maidan Metro Station Building Complex, New Delhi -110001

No. HQ/HR/2017/RTI-I

Date: 13.12.2018

Sub: Information sought under Right to Information Act, 2005 – case of Shri Sonu Yadav, R/O Village, Samsallipur, Post, Mahul, Phoolpur/Mahul/Azamgarh, PIN-223225.

Ref: DGM/Admn(PIO)'s letter number 2018/HQ/Admin/RTI-577 dated 10.12.2018.

In reference to DGM/PIO letter cited above, the reply is given below which may be forwarded to DGM/PIO, if approved: -

Item No	Query	Reply
1	Employee code 101283 ka Sarvis book or joining form me medical benefit ke liye diye huye name ke page ke scan copy provide kare and sarvis book ke bhi scan copy provide kare.	Medical declaration given in the Joining form of EC-101283 Shri Sonu Yadav is enclosed as Annexure-A.  No service record is maintained as data in maintained in e-format. Bio Data form from SAP is enclosed as Annexure-B.

AM/HR  
14/12/18

JGM/HR

DGM/PIO

14/12/18  
14/12

IN PIO OFFICE  
By: 1204/2018  
Date: 14-12-18  
Sign.: .....



## PERSONAL INFORMATION FORM

Please fill the details in column pertaining to you in Capital Letter)

Account holder

name: SONU YADAV

Account number:

36717905148

Bank Name:

SBI

IFSC Code:

SBIN0000244

Branch Address:

PHULPUR (DISTT-AZAMGARH)POST OFFICE PHULPUR

## FAMILY DETAILS

Name	DOB dd.mm. yyyy	Age	Relationship with employee	Working Y/N	Children Education Allowance Eligibility Y/N	LTC Eligibility Y/N	Medical Eligibility Y/N
RAJITRRAM	01/01/1972	46	FATHER	N	N	Y	Y
PHULMATI	01/01/1976	41	MOTHER	N	N	Y	Y
SONU YADAV	23/07/2002	16	BROTHER	N	N	Y	Y
SONU YADAV	23/04/2000	17	SISTER	N	N	Y	Y

I certify that family members stated are dependent upon me as per DFCCIL Medical Rules/LTC and any change in the status in this respect shall be immediately intimated to HR, Corporate Office.

सोनु यदव 09/11/2023  
Signature & Date





डेडीकेटेड फ्रेट कोरीडोर

डेडीकेटेड फ्रेट कोरीडोर कार्पोरेशन ऑफ इंडिया लि.

(भारत सरकार का उपक्रम)

Dedicated Freight Corridor Corporation of India Limited

A Govt. of India (Ministry of Railways) Enterprises

5<sup>th</sup> Floor, Pragati Maidan Metro Station Building Complex, New Delhi - 110001

Tel : 011-23454890, Fax : 011-23454701

CIN : U60232 DL 2006 GOI 155068

Annouari 'B'

Employee No. 00101283 Permanent Page No. (1) Run date : 13.12.2018

**EMPLOYEE BIODATA**

**A. Basic Information**

Employee No. :	00101283	Father's Name :	
Name :	Sonu Yadav	Date of Joining :	09.11.2017
Grade/Designation :	N1	Date of Birth :	23.04.1997
Department :	Traffic	Last Prom. Date :	
Location :	Mugalsarai	Date of Retirement :	
Blood Grp :		Mother Tongue :	English
Gender :	Male	State of Domicile :	
Entry Mode :	Go-Live	% Disability :	
Whether VH/HH/OH :		Religion :	
Category :	Other Backward Caste	Current Status :	Active

**B. Qualification Profile**

Qualification	Branch/Specialization	% / Grade	Year of Passing	Date Acquired	Institute/University.
---------------	-----------------------	-----------	-----------------	---------------	-----------------------

**C. Pre DFCC Profile**

Start Date	End Date	Organisation Name	Designation	Nature of Industry
09.11.2017	31.12.9999	NA		

**D. DFCC Job Profile**

Action	Action Reason	Date From	Date To	Grade	Deptt	Location
Go-Live Action	Go-Live	23.08.2018	31.12.9999			
Absconding	Absconding	27.06.2018	22.08.2018			
First Station Posting	Direct Recruitment	20.12.2017	26.06.2018			
Recruiting-Hiring	Direct Recruit	09.11.2017	19.12.2017	MTS Grade-IV	Corp. Office	Corporate office

**E. Training Profile**

Programme Name	Start Date	End Date	Institute
----------------	------------	----------	-----------

**F. Other Personal Information**

PRP :		Marital Status :	
Punch Card No. :		Pan Card :	XXXXXXXX828A
Bank Name :	SBI	Bank Account No :	XXXXXXXXXXXX3671
Phone(Office) :	7052835764	Phone(Res) :	7052835764
Accommodation Status :		Passport Valid-Upto :	
Mailing Address :		Aadhar No :	
Home Address :	Vill-Samsallipur post-Mahul Dist- Azamgarh,State-U.P Azamgarh - 223225 India		

**G. Joining Details**

Joined Through Proper Channel :	Monetary Value of LAP :	Months of Seniority Weightage :
No. of LAP Carried Forward :	Monetary Value of LHAP :	Promotion Commitment Date :
No. of LHAP Carried Forward :	Gratuity Transferred :	Member of FPF71 / EPS95 :
National Service Start Date :	Remaining Bond(Months) :	

**H. Leave Details**

Leave Bal.-LAP : 4.00	EOL on Medical Ground :	CCL Availed : 0.00	Maternity Leave : 0.00
Leave Bal.-LHAP: 10.00	EOL on Non-Medical Ground :	SCCL Availed :	Paternity Leave : 0.00
	Unauthorized Absence : 48.00	Study Leave :	

**I. Dependent Detail & Nominations**

ID	Name	Relation	Gender	Date of Birth	LTC	MED	Org.Name	Org.Type
1	Test Test	Spouse	Female	01.01.2000	NO	NO		
2	Test Test	Child	Female	01.01.2000	NO	NO		
3	Test Test	Child	Female	01.01.2000	NO	NO		

**J. Nominee Details**

Relation	Name	Percentage of Shares
----------	------	----------------------

FATHER	RAJITRRAM	PF 100.00	PENSION 0.00	MATERNITY 0.00	ESI 0.00	GRATUITY 0.00
--------	-----------	--------------	-----------------	-------------------	-------------	------------------

**K. Details of Disciplinary/Vigilance cases, if any.**

**L. Advances & Reimbursements**

**LTA**

Approval Date	Loan Amt. Granted	Loan Conditions	Individual Int. Rate	Repymt Start	Repymnt Installment	Expected End of Loan	Effective Int. Rate
---------------	-------------------	-----------------	----------------------	--------------	---------------------	----------------------	---------------------

**MEDICAL**

Approval Date	Loan Amt. Granted	Loan Conditions	Individual Int. Rate	Repymt Start	Repymnt Installment	Expected End of Loan	Effective Int. Rate
---------------	-------------------	-----------------	----------------------	--------------	---------------------	----------------------	---------------------

**MUTIPURPOSE**

Approval Date	Loan Amt. Granted	Loan Conditions	Individual Int. Rate	Repymt Start	Repymnt Installment	Expected End of Loan	Effective Int. Rate
---------------	-------------------	-----------------	----------------------	--------------	---------------------	----------------------	---------------------

**M. Communication Details**

Mobile No : 7052835764  
E-Mail :

It is hereby certified that the  
aforementioned information is correct

Verified from Record

Countersigned By

Sign of Employee  
Date

Sign of HR Executive  
Name  
Date

HOHR  
Date