

**EMPLOYEE INFORMATION
PROFORMA – II**
(To be filled using English CAPITAL LETTERS only)

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OFFICE NAME: _____

1. EMPLOYEE NAME: _____

2. DESIGNATION: _____

3. SEX MALE FEMALE OTHER

4. SALARY DETAILS GRADE: _____ BASIC PAY: _____ Pay Matrix Level: _____
(Note: Fill contractual in case of contractual employee in Grade)

5. DATE OF RETIREMENT: _____

6. POSTING BLOCK NAME: _____

7. MOBILE NUMBER: _____

8. BLOOD GROUP Group Rh factor (+/-)

9. PRESENT RESIDENTIAL ADDRESS: _____

10. HOME BLOCK NAME: _____ HOME DISTRICT: _____

FILL BELOW THE NUMBER AND NAME OF ASSEMBLY CONSTITUENCY (AC) WHERE –

11. POSTED	AC No.	AC Name
12. HOME		
13. PRESENT RESIDENCE :		
14. YOUR NAME IS ENROLLED	AC Name:	
	Part Number:	
	Sr. No. in Voter List:	
	Booth No.	
	Booth Name:	
	EPIC No.	

OTHER DETAILS _

15. Bank Detail:- Bank Name Bank Branch
IFSC code Account No.

16. IS POSTED FOR 3 YEARS OR MORE IN THE LAST 4 YEARS IN THE SAME DISTRICT : YES NO

17. DATE OF JOINING IN THE DISTRICT: ___/___/___

18. Is BLO : YES NO If Yes Then BLO AC Name _____ Part No. _____

19. Is PwD (Person with disability) : YES NO If Yes Then % _____

20. Is Teacher: YES NO

21. Is Gazetted Officer : YES NO

22. REMARKS : _____

Signature of Head of the office with seal