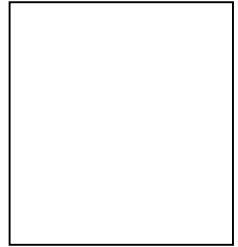


**PROFORMA - II**  
**EMPLOYEE INFORMATION**  
 (To be filled using English CAPITAL LETTERS only)



OFFICE CODE-NAME :

1.EMPLOYEE PIN/NAME :

2. DESIGNATION :

3. SEX :  MALE  FEMALE 4.Class/ Grade/ Scale :

5. SALARY DETAILS : Pay Band: \_\_\_\_\_ GRADEPAY \_\_\_\_\_ BASIC PAY : \_\_\_\_\_

6. DATE OF RETIREMENT : \_\_\_\_\_

7. POSTING BLOCK NAME : \_\_\_\_\_

8. MOBILE NUMBER : \_\_\_\_\_ DO YOU HAVE ANDROID/SMART PHONE  YES  NO

9. BLOOD GROUP :   
 Group

10. PRESENT RESIDENTIAL ADDRESS : \_\_\_\_\_

11. HOME BLOCK NAME OTHERS HOME DISTRICT : \_\_\_\_\_

**FILL BELOW THE NUMBER AND NAME OF ASSEMBLY CONSITUENCY (AC) WHERE -**

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

**OTHER DETAILS -**

16. IS BLO :  YES  NO BLO AC : \_\_\_\_\_ BLO'S PART NO. : 0

17. PHYSICALLY HANDICAPPED :  YES  NO 18. IS TEACHER  YES  NO

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

20. DATE OF JOINING IN THE DISTRICT : 14-Aug-2008 21. E-MAIL ID : \_\_\_\_\_

22. REMARKS : \_\_\_\_\_ 23. Knowledge of Dig.cam  YES  NO

Signature of Employee \_\_\_\_\_

Signature and Seal of Office Incharge \_\_\_\_\_