

PROFORMA - I
OFFICE INFORMATION
 (To be submitted in triplet)

OFFICE CODE :

CATEGORY: (Tick Any One)	<input type="checkbox"/>	STATE GOVERNMENT
	<input type="checkbox"/>	CENTRAL GOVERNMENT
	<input type="checkbox"/>	STATE PSU
	<input type="checkbox"/>	CENTRAL PSU
	<input type="checkbox"/>	OTHER

1. OFFICE NAME _____
 2. DEPARTMENT NAME _____
 3. OFFICE HEAD DESIGNATION : _____
 4. MOBILE NUMBER _____
 5. FULL ADDRESS _____

 6. BLOCK NAME _____
 7. ASSEMBLY CONSITUENCY NO. AND NAME WHERE OFFICE SITUATED _____
 8. CONTACT NUMBER STD Code: Number: _____
 9. e-MAIL ADDRESS _____
- NODAL OFFICER DETAILS -**
10. NAME & DESIGNATION _____
 11. MOBILE NUMBER _____

TOTAL EMPLOYEES WORKING / POSTED

MALE	FEMALE	TOTAL

Certified that the information given above is true and based on actual fact. Verified Proforma - IB and Proforma - II of all officers/staffs working/posted under this office/department are attached. No officer/staff name has been left.

Dated:

Signature of Head of the office
with seal