HR BIO DATA SAMPLE

Note: ALL ENTRIES MADE WITH CAPITAL LETTERS.

Instruction about fill up the form given end of the page

instruction about thi up the form given end of the page.	(Colored)
(*) Employee Code (to be filled by MEPCO Computer Center):	Passport Size
Quota Status: Direct Quota Disable Quota Employee's Children Quota	Photo here & attach another
Employee's Children Quota (Died during Service)	duly attested.
1. Status:- Permanent Contract with MEPCO Contract with WAPDA	
Any Other. Daily Wages 2. Sex. M F Block	od Group
	/Unmarried M or U)
4. Name: 5. Father's Name:	
6. Designation: 7. Domicile:	
8. Date of Birth: 9. NIC No.(Old)	
10. NIC No. (NADRA):	
11. Mailing Address:-	
12. Permanent Address:	
13. Phone Res: 14. Religion:	
15. Qualification: 16. Qualification:	
(General) (Technical) (Technical) 17. Post Grade: * If Post Grade & Present Pay Scale are Not Sa	ame:
a) Due to Selection Grade b) Due to Move Over c) Due to Both 19. Basic Pa	y:
20. Office/Dept: 21. Earned Leave Balance.	
21. Last Earned Leave Availing: Date from. Date To:	
22. Date of First Joining: 23.Date Of Present Posting	
24. Date of Last Promotion: 25. GPF Number:-	
26. No. of Children: 27. Nominee for GPF:	
28. Nominee for GPF Relation for GPF: 29. Name of Spouse:	
30. Nominee for Pension: 31. Nominee for GLI:	
Relation Relation	
32. Bank's Name 33. Account No.	
& Branch 34. Accommodation: WAPDA Accommodation. Self Owned. Rented	House Rent

35. Medical Facility:	Cash Medical Allowance.	Medical Facility.

36. Service Back Ground (In Descending Order):

Date From		Date To		Designa	Name of Dept/Office.	City	Promotion Date				
D D	M M	Y Y Y Y	D D	M M	Y Y Y Y	tion	· · · · · · · ·	5	D D	M M	Y Y Y Y

37. Detail of	f Departmental	Training.		38. Detail of Departmental Exams.				
Name of Training	Date From DD/MM/YYYY	Date To.	Training Station.	Name of Exams	Date of Exam. DD/MM/YYYY	Exam Station.	Exam. Status	

Certificate:-

It is solemnly affirmed that the information given above is correct so that best of my knowledge & belief. I understand that in case of incorrect information I shall be dealt with under WAPDA E&D Rules.

Countersign of his Head of Office.

(as a token of authenticity of above information)

Signature of Employee

INSTRUCTIONS

- a) Fill in all the columns. However, those having (*) sign should be left because these columns will be filled by Computer Center.
- b) Paste one colored passport size photograph on the place provided on the face of form and attach another such photograph duly attested by office in charge on its backside.
- c) The employee concerned must sign this form.
- d) This form must also be signed by the office in charge of the concerned official / officer.
- e) Complete information must be provided. In case of insufficient space on the form additional sheet may be attached.
- f) Date column filled, first two for date, second two for month and last four for year.
- g) If service records may not be filled according to the given format, the form will be rejected.
- h) If you have both NICs Old & New, write both Nos.