

**PLEASE ENTER ALL DETAILS IN BLOCK LETTERS**

Date: \_\_\_\_\_

<b>EMPLOYEE DATA PROFORMA</b> (No column should be left blank)	
Name of the candidate	
Father's Name	
Address (Permanent)	Distt: _____ State: _____
Address for Correspondence	Distt: _____ State: _____
Joined IPPB as:	
Scale:	
Category: (Gen/SC/ST/OBC)	
<b>Contact Number</b>	
Mobile No.	
Phone(with STD Code)	
E-Mail ID	
Home Town	
Marital Status: (Single / Married)	
Date of Birth:	
Date of Marriage:	
Domicile:	
Place of Birth:	
Mother Tongue:	
Identification Mark:	
Aadhaar Card No.	
PAN No.	
Religion:	
Blood Group Type:	

Educational Qualification (From 10 <sup>th</sup> onwards)	Stream/ Subjects	Date of Passing	% age of Marks	Board / University

Professional Qualification:			
Health Problem (if any):			
<b>Languages Known</b>	Hindi	English	Other(Please Specify)
Speak			
Write			
Read			
<b>Disability</b>			
Type of Disability			
Nature of Disability			
Percentage of Disability			
Evaluation date:			
Card No / Date:			
Card Issuing Authority:			
<b>Dependent Information:</b>			
(1) Name			
Relation			
Address			
(2) Name			

Relation	
Address	
(3) Name	
Relation	
Address	
(4) Name	
Relation	
Address	
<b>Emergency Contact:</b>	
Name	
Address	
Phone Nos.	

Signature of Employee

The particulars in the above proforma have been verified from the original documents wherever required.

(Signature of Checking Official)