

Supervisor Form

Note: Fields marked with asterisk(*) are mandatory

1. Province *:		6. Supervisor Type *: <i>Mark only ONE box</i> <input type="checkbox"/> EPI Coordinator <input type="checkbox"/> District Superintendent Vaccinator <input type="checkbox"/> District Health coordinator <input type="checkbox"/> Assistant Superintendent Vaccinator <input type="checkbox"/> Tehsil Superintendent Vaccinator <input type="checkbox"/> Field Superintendent Vaccinator <input type="checkbox"/> Monitoring and Evaluation Supervisor
2. District *:		
3. Tehsil:		
4. Union Council:		
5. Name of (health/EPI) facility:		
7. Supervisor Code:		9. Father Name *:
8. Supervisor Name *:		
Basic Information		
10. Marital Status: <i>Mark only ONE box</i> <input type="checkbox"/> Married <input type="checkbox"/> Single		12. Phone Number *:
11. CNIC # *:		13. Date of Birth *:
Address and Qualification		
14. Permanent Address:		17. Present Address:
15. Last Qualification:		18. Passing Out Year:
16. Institute Name:		
Joining Details		
19. Date of Joining:		21. Place of Joining:
20. Employee Type *: <i>Mark only ONE box</i> <input type="checkbox"/> Contract <input type="checkbox"/> Regular <input type="checkbox"/> Contingent		22. Status *: <i>Mark only ONE box</i> <input type="checkbox"/> Active <input type="checkbox"/> Terminated <input type="checkbox"/> Transferred <input type="checkbox"/> Died <input type="checkbox"/> Retired
Training Information		
Training	Start Date	End Date
23. Basic Training:		
24. Routine EPI:		
25. Surveillance:		
26. Cold Chain:		
27. vLMIS/EPI-MIS:		

Banking Details	
28. Bank Information *:	31. Branch Code:
29. Branch Name:	32. Bank Account Number *:
30. Basic Pay Scale *:	33. Basic Pay: