

EPI Technician Form

Note: Fields marked with asterisk(*) are mandatory

1. Province *:	6. Technician Name *:	
2. District *:	7. Father Name *:	
3. Tehsil *:		
4. Union Council:		
5. Name of (health/EPI) facility *:		
Basic Information		
8. Marital Status: <i>Mark only ONE box</i> <input type="checkbox"/> Married <input type="checkbox"/> Single	12. Phone Number *:	
9. CNIC # *:	13. Date of Birth *:	
10. Supervisor Name *:	14. Employee Type : <i>Mark only ONE box</i> <input type="checkbox"/> Contract <input type="checkbox"/> Regular <input type="checkbox"/> Contingent	
11. Catchment Area Population *:		
Address and Qualification		
15. Permanent Address *:	18. Present Address *:	
16. Last Qualification :	19. Passing Out Year :	
17. Institute Name :	20. Catchment Area Name :	
Joining Details		
21. Date of Joining :	24. Place of Joining :	
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	25. Area Type <i>Mark only ONE box</i> <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Slum <input type="checkbox"/> Semi Urban	
22 (a). If Terminated/Transferred/Died/Retired, Mention Date:		
23. If Transferred/Terminated, Reason:		
Training Information		
Training	Start Date	End Date
26. Basic Training :		
27. Routine EPI :		
28. Surveillance :		

29. Cold Chain :		
30. vLMIS/EPI-MIS :		

Banking Details	
31. Bank Information *:	34. Branch Code :
32. Branch Name :	35. Bank Account Number *:
33. Basic Pay Scale *:	36. Basic Pay :