|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Supervisor Form**  ***Note:*** *Fields marked with asterisk(\*) are mandatory* | | | | |
|  | | | | |
| **1.** **Province** *\****:** | | **6. Supervisor Type** *\****:**  *Mark only ONE box*  EPI Coordinator  District Superintendent Vaccinator  District Health coordinator  Assistant Superintendent Vaccinator  Tehsil Superintendent Vaccinator  Field Superintendent Vaccinator  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:**  *Mark only ONE box*  Married  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** *\****:**  *Mark only ONE box*  Contract  Regular  Contingent | | **22. Status** *\****:**  *Mark only ONE box*  Active  Terminated  Transferred  Died  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:** |