

PROFORMA – I
OFFICE INFORMATION

(To be submitted in triplet)

OFFICE CODE: (As Per Lok Sabha Election -2024)		CATEGORY: (Tick✓ Any One)	<input type="checkbox"/>	STATE GOVERNMENT
			<input type="checkbox"/>	CENTRAL GOVERNMENT
			<input type="checkbox"/>	STATE PSU
			<input type="checkbox"/>	CENTRAL PSU

1. OFFICE NAME :

2. DEPARTMENT NAME :

3. DESIGNATION OF OFFICE HEAD : DDO Code (If any)

4. MOBILE NUMBER :

5. FULL ADDRESS :

.....

.....

6. BLOCK NAME :

7. ASSEMBLY CONSTITUENCY NUMBER :

AND NAME(WHERE OFFICE SITUATED)

8. CONTACT NUMBER : STD Code : NUMBER

9. e-MAIL ADDRESS :

TOTAL EMPLOYEE WORKING/POSTED

MALE	FEMALE	OTHER	TOTAL

TOTAL CONTRACTUAL EMPLOYEE WORKING/POSTED

MALE	FEMALE	OTHER	TOTAL

Certified that the information given above is true and based on actual fact. Verified
 Proforma – II of all officers/staffs working/posted under this office/department are attached. No
 officers/staffs name has been left.

Dated :

Signature of Head of the office
 with seal

**EMPLOYEE INFORMATION
PROFORMA – II**
(To be filled using English CAPITAL LETTERS only)

*PIN Number (As Per Lok Sabha 2024) - _____

Paste Recent
Colour Passport
Size Photo

OFFICE NAME: _____

1. EMPLOYEE NAME: _____

2. DESIGNATION: _____

3. SEX MALE FEMALE OTHER

4. SALARY DETAILS GRADE: _____ BASIC PAY: _____ Pay Matrix Level: _____
(Note: Fill contractual in case of contractual employee in Grade)

5. DATE OF RETIREMENT: _____

6. POSTING BLOCK NAME: _____

7. MOBILE NUMBER: _____

8. BLOOD GROUP Group Rh factor (+/-)

9. PRESENT RESIDENTIAL ADDRESS: _____

10. HOME BLOCK NAME: _____ HOME DISTRICT: _____

FILL BELOW THE NUMBER AND NAME OF ASSEMBLY CONSTITUENCY (AC) WHERE –

11. POSTED	AC No.	AC Name
12. HOME		
13. PRESENT RESIDENCE :		
14. YOUR NAME IS ENROLLED	AC Name: Part Number: Sr. No. in Voter List: Booth No. Booth Name: EPIC No.	

OTHER DETAILS _____

15. Bank Detail:- Bank Name Bank Branch
IFSC code Account No.

16. IS POSTED FOR 3 YEARS OR MORE IN THE LAST 4 YEARS IN THE SAME DISTRICT : YES NO

17. DATE OF JOINING IN THE DISTRICT: ____ / ____ / ____

18. Is BLO : YES NO If Yes Then BLO AC Name _____ Part No. _____

19. Is PwD (Person with disability) : YES NO If Yes Then % _____

20. Is Teacher: YES NO

21. Is Gazetted Officer : YES NO

22. REMARKS : _____

Signature of Head of the office with seal