

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

Paste Recent
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OFFICE NAME: _____

1. EMPLOYEE NAME: _____
2. DESIGNATION: _____
3. SEX: ☐ MALE ☐ FEMALE ☐ OTHER
4. SALARY DETAILS GRADE _____ BASCI PAY _____ PAY Matrix Level _____
5. DATE OF RETIREMENT: _____
6. POSTING BLOCK NAME: _____
7. MOBILE NUMBER: _____
8. BLOOD GROUP : ☐ GROUP ☐ RH FACTOY (+/-)
9. PRESENT RESENDENTIAL ADDRESS: _____
10. HOME BLOCK NAME: _____ HOME DISTRICT _____

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

| | | |
|---------------------------|--------|-----------------------|
| 11. POSTED | AC NO. | AC NAME |
| | | |
| 12. HOME | | |
| 13. PRESENT RESIDENT : | | |
| 14. YOUR NAME IS ENROLLED | | AC NAME |
| | | PART NUMBER |
| | | SR. NO. OF VOTER LIST |
| | | BOOTH NO. |
| | | BOOTH NAME |
| | | EPIC NO. |

OTHER DETAILS –

15. BANK DETAILS: BANK NAME BANK BRANCH
IFSC CODE ACCOUNT NO.
16. IS POSTED FOR 3 YEARS OR MORE IN 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 DISBABILITY): 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