

# OFFICE INFORMATION

(To be filled in English CAPTIAL LETTERS Only)

Office Memo no.: .....

Dated: .....

<b>OFFICE CODE:</b>	CATEGORY: (Tick (√) Any One)	<input type="checkbox"/>	STATE GOVERNMENT								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">3</td> <td style="width: 20px; text-align: center;">4</td> <td style="width: 20px; text-align: center;">0</td> <td style="width: 20px; text-align: center;">3</td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> </tr> </table>		3	4	0	3					<input type="checkbox"/>	CENTRAL GOVERNMENT
3		4	0	3							
(To be filled by Personnel Cell)		<input type="checkbox"/>	STATE PSU								
		<input type="checkbox"/>	CENTRAL PSU								
	<input type="checkbox"/>	LOCAL BODIES									

1. ADMINISTRATIVE OFFICE NAME:

2. NAME OF OFFICE HEAD:

3. DESIGNATION OF OFFICE HEAD:

4. ADMINISTRATIVE OFFICE ADDRESS:

5. MOBILE NUMBER OF OFFICE HEAD:

6. OFFICIAL EMAIL ADDRESS: 

@	
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7. BLOCK NAME: \_\_\_\_\_ 8. AC NO. AND NAME \_\_\_\_\_

9. OFFICE NAME:

10. OFFICE ADDRESS:

**TOTAL EMPLOYEE WORKING/POSTED**

MALE	FEMALE	TOTAL

Certify that the information given in Performa-1 has been checked properly and total no. of officers/officials under me has submitted the performa-1 before me. Further certify that no officers/staff's name missing left.

Dated: .....

Signature of Head of the office

Seal:



Duty :.....
Officer Pin:
3 4 0 3
To be filled by Personnel Cell

Paste your  
unsigned  
recent colour  
photograph

## EMPLOYEE INFORMATION PERFORMA-I

(To be filled in English CAPITAL LETTERS only)

1. EMPLOYEE NAME: 


2. DESIGNATION: 


3. EPIC NO. : 


4. IS TEACHER:  YES  NO

5. SEX:  MALE  FEMALE

6. PRESENT RESIDENTIAL ADDRESS: 


ADDRESS NATURE	BLOCK NAME	AC NAME	
7. RESIDENTIAL			
8. HOME			
9. VOTER LIST DETAILS		STATE	
		AC NO.	
		PART No.	
		Sr. No. in Voter List	

10. SALARY DETAILS: PAY LEVEL: \_\_\_\_\_ INDEX: \_\_\_\_\_ BASIC PAY:

11. MOBILE NUMBER: 

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 Group (A/B/C/D) :

12. EMAIL ADDRESS: 

@																					

### 13. BANK DETAILS

BANK A/C NO: \_\_\_\_\_ BANK NAME: \_\_\_\_\_

BRANCH: \_\_\_\_\_ IFSC CODE: \_\_\_\_\_

14. IS CONTRACTUAL EMPLOYEE:  YES  NO

.....  
Employee Signature

.....  
Signature of Head of the Office  
Seal

(For office use Only)

1. ENTERED BY: \_\_\_\_\_

2. VERIFIED BY: \_\_\_\_\_

