

PROFORMA – I
OFFICE INFORMATION

(To be submitted in triplet)

| | | | | |
|-----------------|--|------------------------------|--------------------------|--------------------|
| OFFICE CODE: | | 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 Performa – 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

INSTRUCTIONS FOR FILLING OFFICE INFORMATION
PLEASE FILL ALL INFORMATION USING ENGLISH AND IN CAPITAL LETTERS ONLY
AVOID OVERWRITING, CUTTINGS AND ERASING

- OFFICE INFORMATION should be prepared in THREE copies. All copies should send with employee information.
- OFFICE CODE –OFFICE CODE will be provided by the election office/Personnel Dept. so the office should left it blank.
- CATEGORY – Please tick✓ one to whom your office belong to.
- For Sl. No. 1 & 2 – Write office name and department name in CAPITAL LETTERS as given below.

Must verify the correctness of spellings.

OFFICE NAME :GANGA PUL PARIYOJNA WING
 DEPARTMENT NAME :ROAD CONSTRUCTION DEPARTMENT

- For Sl. No. 3 & 4 & 5– Write office head designation, mobile number and full address of your office with PIN number.

OFFICE HEAD DESIGNATION :CHIEF ENGINEER
 Mobile Number : 99*****
 FULL ADDRESS :3rdFLOOR, VISHWESWARAIYA BHAWAN, BAILEY ROAD,
 PATNA– 800016

- For Sl. No.6&7 –Write name of block and Assembly Constituency number and name (AC) where office is situated.

BLOCK NAME : PATNA SADAR
 ASSEMBLY CONSTITUENCY NO. : 181 — DIGHA
 AND NAME WHERE OFFICESITUATED :

- For Sl. No. 8 &9 – Write office/head of the office contact number with STD code and e-mail address if any.

CONTACT NUMBER : STD Code: 0612 Number: 2677544
 e-MAIL ADDRESS : gprw@gmail.com

- For Sl. No.15 – Tentative date for counting of posting period -31.05.2019.
- **TOTAL EMPLOYEE WORKING/POSTED DETAILS** – Write total number of male and female employee working/posted under this office as given below –

TOTAL EMPLOYEE WORKING/POSTED

| MALE | FEMALE | OTHER | TOTAL |
|------|--------|-------|-------|
| 12 | 06 | 0 | 18 |

TOTAL CONTRACTUAL EMPLOYEE WORKING/POSTED

| MALE | FEMALE | OTHER | TOTAL |
|------|--------|-------|-------|
| 12 | 06 | 0 | 18 |

Note: Performa – II (Employee Information) of all above 12 male + 06 Female = 18 employees should be duly filled having office seal on it must be attached along with this office information. Always refer your office code in any further communication.