

कार्यालय द्वारा तीन प्रति
में तैयार किया जाना है।

PROFORMA – I OFFICE INFORMATION

(To be submitted in triplet)

OFFICE CODE

OFFICE CATEGORY: (Tick <input checked="" type="checkbox"/> Any One)	<input type="checkbox"/>	CENTRAL GOVERNMENT
	<input type="checkbox"/>	STATE GOVERNMENT
	<input type="checkbox"/>	CENTRAL PSU
	<input type="checkbox"/>	STATE PSU
	<input type="checkbox"/>	UNIVERSITY / COLLEGE
	<input type="checkbox"/>	OTHERS

1. OFFICE NAME :
2. DEPARTMENT NAME :
3. OFFICE HEAD DESIGNATION :DDO Code (if any).....
4. HEAD MOBILE NUMBER :
5. OFFICE FULL ADDRESS :
.....
..... PIN CODE:
6. BLOCK NAME :
(BLOCK NAME WHERE OFFICE IS SITUATED)
7. ASSEMBLY CONSTITUENCY :
(NO. AND NAME WHERE OFFICE IS SITUATED)
8. CONTACT NUMBER : STD Code: Number:
9. e-MAIL ADDRESS :

PERMANENT / CONTRACTUAL EMPLOYEES WORKING / POSTED						
PERMANENT EMPLOYEES			CONTRACTUAL EMPLOYEES			TOTAL EMPLOYEES
MALE	FEMALE	OTHER	MALE	FEMALE	OTHER	

NODAL OFFICER DETAILS (To be nominated by the Head of the Office for co-ordination)

- a) NODAL OFFICER NAME :
- b) DESIGNATION :
- c) MOBILE NUMBER :

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 officer/staff name has been left.

Dated:

(Signature & Seal of Office Incharge)

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

- **OFFICE INFORMATION Proforma- I should be prepared in THREE copies.**
- OFFICE CODE – Write the Office Code of your office in the box as provided by the election office or LEAVE 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 : ADVANCE PLANNING CIRCLE
 DEPARTMENT NAME : BUILDING CONSTRUCTION DEPARTMENT

- **For Sl. No. 3, 4 & 5** – Write office head designation, full address of your office with PIN code and head mobile number. Drawing & Disbursing Officer (DDO) Code if drawing salaries from any treasury office.

OFFICE HEAD DESIGNATION : SUPERINTENDING ENGINEER
 OFFICE FULL ADDRESS : 1ST FLOOR, PHED BUILDING
 VISHWASARAIYA BHAWAN CAMPUS
 BAILEY ROAD, PATNA PIN CODE: 800016
 MOBILE NUMBER : 943XXXXXXX

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

OFFICE BLOCK NAME : PATNA SADAR
 ASSEMBLY CONSTITUENCY : 182 - BANKIPUR
(NO. AND NAME WHERE OFFICE IS SITUATED)

- **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: 2677XXX
 e-MAIL ADDRESS : apc@gmail.com

- TOTAL EMPLOYEE WORKING/POSTED DETAILS – Write total number of male, female and other permanent / contractual employee working/posted under this office as given below –

PERMANENT / CONTRACTUAL EMPLOYEES WORKING / POSTED						
PERMANENT EMPLOYEES			CONTRACTUAL EMPLOYEES			TOTAL EMPLOYEES
MALE	FEMALE	OTHER	MALE	FEMALE	OTHER	
12	07	0	01	0	0	20

- Write NODAL officer name, designation and mobile number appointed by the office head.
 - NODAL OFFICER NAME : RAMESH KUMAR
 - DESIGNATION : ESTIMATING OFFICER
 - MOBILE NUMBER : 9900001234

Note: Employee Information (Proforma – II) for all above 20 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.