

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

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OFFICE NAME: \_\_\_\_\_

1. EMPLOYEE NAME: \_\_\_\_\_

2. DESIGNATION: \_\_\_\_\_

3. SEX

☐

MALE

☐

FEMALE

☐

OTHER

4. SALARY DETAILS

(Note: Fill contractual in case of contractual employee in Grade)

GRADE: \_\_\_\_\_

BASIC PAY: \_\_\_\_\_

Pay Matrix Level: \_\_\_\_\_

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. Pay ID :

☐☐

If yes , Please Provide ID No :- .....

17. IS POSTED FOR 3 YEARS OR MORE IN THE LAST 4 YEARS IN THE SAME DISTRICT : ☐ ☐

18. DATE OF JOINING IN THE DISTRICT: \_\_\_\_/\_\_\_\_/\_\_\_\_

19. Is BLO : ☐ YES ☐ NO If Yes Then BLO AC Name \_\_\_\_\_ Part No. \_\_\_\_\_

20. Is PwD (Person with disability): YES ☐ NO ☐ If Yes Then % \_\_\_\_\_

21. Is Teacher: YES ☐ NO ☐

22. Is Gazetted Officer : YES ☐ NO ☐

23. REMARKS : \_\_\_\_\_

Signature of Head of the office with seal