

PHOTOGRAPH

**INDIVIDUAL'S SERVICE PROFORMA – FGEIs (C/G) EMPLOYEES**

1. Name: \_\_\_\_\_ 2. Father/Husband  
a. Name: \_\_\_\_\_  
b. Profession \_\_\_\_\_
3. Designation / BPS \_\_\_\_\_ 4. Date of Birth \_\_\_\_\_
5. Date of Appointment \_\_\_\_\_ 6. Marital Status \_\_\_\_\_
7. Name of Spouse \_\_\_\_\_ 8. Religion \_\_\_\_\_  
(with Profession)
9. Domicile 10. Computerize National Identity Card No.  
a. District: \_\_\_\_\_  
b. Province: \_\_\_\_\_
11. Med Disability, if any \_\_\_\_\_ 12. Qualification \_\_\_\_\_
13. Tel No. Residence: \_\_\_\_\_ 14. G.P Fund A/C No. \_\_\_\_\_  
Mobil: \_\_\_\_\_
15. a. Permanent Home Address  
\_\_\_\_\_  
b. Present Home Address  
\_\_\_\_\_

16. **Appointment Held.**

S No.	Name of Post	Date of Appointment	Date of Appointment /Promotion in the present Grade	Date of award of Selection Grade	Direct/Promotee
a.					
b.					
c.					

17. **Name of Office/ Institutions in which served with duties.**

S No.	Name of Office/Institution	From	To
a.			
b.			
c.			

18. Next of Kin \_\_\_\_\_ (Relation) \_\_\_\_\_

19. Details of Children

S No.	Name	Sex	Date of Birth	Profession
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

20. Details of Brothers/ Sisters.

S No.	Name	Sex	Date of Birth	Address
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

\_\_\_\_\_  
Head/DDO Concerned

\_\_\_\_\_  
Signature of Employee