(FORM "D")

PHOTOGRAPH

EMPLOYEE INFORMATION

PERSONAL INFORMATION

1	Employee Name	
2	Father's Name	
3	CNIC	
4	Date of Birth	DD MM YY
5	Gender	✓ Male ✓ Female
6	Province	✓ Punjab ✓ KPK ✓ AJK ✓ Sindh ✓ Baltistan ✓ Blouchistan
7	Domicile	
8	Marital Status	✓ Single ✓ Married
9	Religion	✓ Muslim ✓ Non-Muslim
10	Mother Tongue	
11	Blood Group	

OFFICIAL INFORMATION

12	Joining Grade (BPS)	
13	Actual Grade (BPS):	
14	Actual Designation:	
15	Current Working Designation:	
16	Current Working Grade (BPS):	
17	Seniority No	
18	Personnel No	
19	Present Posting Order No.	
20	Present Posting Date	DD MM YY
21	Qualification	
22	Specialization	
23	Additional Qualification (If Any)	
24	Employee Cadre	✓ TC ✓ GC ✓ SC ✓ DC ✓ NC
25	Employment Mode	✓ Regular ✓ Contract ✓ Adhoc
26	Status	✓ Active ✓ Leave ✓ Deputation ✓ Attachment
27	Date of First Appointment (Entry in Govt. Service)	DD MM YY
28	Date of regularization	DD MM YY
29	Length of Service	DD MM YY
30	Superannuation Date	DD MM YY
31	Contract Start Date (If Any)	DD MM YY
32	Contract End Date (If Any)	DD MM YY
33	Last Promotion Date (If Any)	DD MM YY
34	Health Facility Name (DHQ/RHC/BHU/Civil Dispensary/Others) (with complete address)	
35	Tehsil	
36	District	
37	Division	
38	Parent Department (If Any)	
39	Private Practice	✓ Yes ✓ No

CORRESPONDENCE INFORMATION

40	Permanent Address	
41	Correspondence Address	
42	Landline No	
43	Mobile No	
44	Fax. No	
45	E-Mail Address	