

Department of Animal Husbandry & Dairying, Haryana

Personal Information System EMPLOYEE PROFORMA (Please fill in Capital letters and tick in boxes)				Affix Passport Size photograph		
Employee ID* (GPF No. or PRAN No.)						
Employee Name* (in capital letters)						
Group of Employee*		<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	
Date of Birth*		Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Married <input type="checkbox"/>	Unmarried <input type="checkbox"/>
Office At time of Joining*						
Date of Joining*						
Designation At time of Joining*						
Office At Present*						
Date of Joining*						
Current Designation*						
Date of Joining Current Designation						
Personal Information:						
Father Name						
Mother Name						
Category: General, SC(A), SC(B) ,BC(A) BC(B)			Caste:			
Ex-Serviceman		if Yes <input type="checkbox"/>	Unique No. :		Nationality:	
Religion				Handicapped:		
Contact Details:						
Permanent Address						
Correspondence Address						
Email Address						
Telephone: Mobile Number		Residence:		Off.		

Other Details:			
Academic Qualification			
Professional Qualification			
GPF/EPF/NPS No*			
PAN No*		GIS No	
Typing Test Passed (If applicable)		Typing Language	
Typing Test Cleared on		Order No.	
Order date		Remarks	

Transfer Details:						
Sr. No.	From Office	Transfer to (Office)	Place of Posting (Office Name)	Date From*	Date to	
1						<input type="checkbox"/> Forenoon <input type="checkbox"/> Afternoon
2						<input type="checkbox"/> Forenoon <input type="checkbox"/> Afternoon
3						<input type="checkbox"/> Forenoon <input type="checkbox"/> Afternoon
4						<input type="checkbox"/> Forenoon <input type="checkbox"/> Afternoon
5						<input type="checkbox"/> Forenoon <input type="checkbox"/> Afternoon
6						<input type="checkbox"/> Forenoon <input type="checkbox"/> Afternoon
7						<input type="checkbox"/> Forenoon <input type="checkbox"/> Afternoon
8						<input type="checkbox"/> Forenoon <input type="checkbox"/> Afternoon
9						<input type="checkbox"/> Forenoon <input type="checkbox"/> Afternoon
10						<input type="checkbox"/> Forenoon <input type="checkbox"/> Afternoon

11						<input type="checkbox"/> Forenoon <input type="checkbox"/> Afternoon
12						<input type="checkbox"/> Forenoon <input type="checkbox"/> Afternoon
13						<input type="checkbox"/> Forenoon <input type="checkbox"/> Afternoon
14						<input type="checkbox"/> Forenoon <input type="checkbox"/> Afternoon
15						<input type="checkbox"/> Forenoon <input type="checkbox"/> Afternoon

Signature of Employee

Signature of D.D.O. (with stamp)