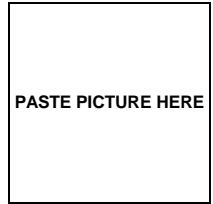




Government of Khyber Pakhtunkhwa
Health Department



EMPLOYEE INFORMATION PROFORMA HRMIS

DISTRICT: _____
DDO CODE: _____

1. PERSONAL INFORMATION																															
1	NAME																														
2	FATHER'S NAME																														
3	DATE OF BIRTH	D	D	M	M	Y	Y	Y	Y	4: DATE OF JOINING GOVERNMENT SERVICE	D	D	M	M	Y	Y	Y	Y													
5	CNIC							-																							
6	GENDER		MALE							FEMALE									7: PERSONAL NO. (PAYROLL)												
8	MARITAL STATUS									9: DOMICILE (at time of appointment)																					
10	MOBILE NO.									11: CURRENT DOMICILE (If other than above)																					
12	DESIGNATION									13: BPS																					
14	EMAIL									15: PLACE OF DUTY																					
16	CATEGORY OF SERVICE									18: DATE OF JOINING CURRENT PLACE OF DUTY	D	D	M	M	Y	Y	Y	Y													
17	CADRE																														
19	FINGER PRINT ID.									PMDC/PNC NO									EXPIRY DATE												
20. EDUCATIONAL BACKGROUND																															
	Certificate/Degree	Passing Year	Degree Title	Division/Grade	DURATION		Name of Institution																								
					From (Date)	To (Date)																									
a	Matriculation/SSC																														
b	Intermediate/HSSC																														
c	Degree/Graduation																														
d	Masters/MA/MSc																														
e	Ph.D.																														
f																															
SIGNATURE																DATE															

Note: It would be better if picture is scanned and saved in JPG picture format with CNIC No. as file name without dashes.

SIGNATURE OF DDO