

(FORM "D")

EMPLOYEE INFORMATION

PHOTOGRAPH

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	Designation																			
13	Seniority No																			
14	Personnel No																			
15	Joining Grade (BPS)																			
16	Current Grade (BPS)																			
17	Present Posting Order No.																			
18	Present Posting Date	DD				MM				YY										
19	Qualification																			
20	Specialization																			
21	Additional Qualification (If Any)																			
22	Employee Cadre	TC		GC		SC		DC		NC										
23	Employment Mode	Regular			Contract			Adhoc												
24	Status	Active			Leave			Deputation		Attachment										
25	Date of First Appointment (Entry in Govt. Service)	DD				MM				YY										
26	Length of Service	DD				MM				YY										
27	Superannuation Date	DD				MM				YY										
28	Contract Start Date (If Any)	DD				MM				YY										
29	Contract End Date (If Any)	DD				MM				YY										
30	Last Promotion Date (If Any)	DD				MM				YY										
	Parent Department	College of Ophthalmology & Allied Vision Sciences(COAVS), Lahore																		
31	Tehsil	Lahore																		
32	District	Lahore																		
33	Division	Lahore																		
34	Health Facility Name (DHQ/THQ/Other)																			
36	Private Practice	Yes			No															

CORRESPONDENCE INFORMATION

37	Permanent Address														
38	Correspondence Address														
39	Landline No														
40	Mobile No														
41	Fax. No														
42	E-Mail Address														