

PROFORMA FOR NDMC EMPLOYEE INFORMATION
(To be filled by the employee in CAPITAL letters)

Employee Code:	Employee First Name:	Employee Middle Name:	Employee Last Name:
Father/Husband: (F/H):	Father/Husband Name:	Sex: (Male / Female)	Marital Status: (Married / Unmarried)
NDMC Group : (A/B/C/D)	Blood Group: (A+/A-/B+/B-/AB+/AB-/O+/ O-)	Designation:	Division:
Department:		Establishment:	
Employee Status: (Permanent/Temporary/Deputation/Contract/Suspension)		Religion:	Category: (GEN/OBC/SC/ST/PH):
GPF A/C No:	Nationality:	Govt. Accommodation (Y/N):	Whether Probation or Confirmed Employee:
Home Town (LTC):	PAN:	Health Card No:	I-Card No:
Date of Birth (DD / MM / YYYY)	Date of Appointment (DD / MM / YYYY)	Date of Joining: (DD / MM / YYYY)	Date of Retirement: (DD / MM / YYYY)
Pay Band : (Vlth CPC)		Grade Pay:	Basic Pay:
Present Address: (Use The Portions Applicable):			
City:		State:	Pin Code:
Residence Phone:	Office Phone:	Extension No.	Mobile No.:
Permanent Address:			
City:		State:	Pin Code:

Family Details				
Sr. No.	Name	Date of Birth	Relationship	Whether Dependent
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

Family Photograph: [Family includes wife/husband dependent children, parents, widow/sisters/widow daughter/sister and divorce/dependent and step mother (Please paste photograph properly)].

Self Passport Size Photograph
(Please paste photograph properly)

I hereby declare that

1. My father/mother, whose name (s) is/are _____, is/are fully/principally dependent on me and he/she/they generally stay(s) with me. The total income of my parents is not more than my salary including DA (if applicable) and is also not more than Rs. 1500/-.
2. My son(s)/brother(s) _____ age ____ years is/are unmarried/unemployed and is fully dependent on me.
3. My daughter(s)/sister(s) _____ is/are unmarried/unemployed and is/are fully dependent on me.
4. I undertake to resubmitted the card on transfer/retirement/resignation etc. before demitting the office.

Name: _____ **Employee Code:** _____ **Signature of the Employee** _____

(To given by the office establishment)

Certified that the details given are correct as per records available in the establishment and have been entered in the personal file and service book of the employee.

Section Officer (Estt.), Signature with SEAL