

PERSONNEL INFORMATION FORM



GOVERNMENT OF SINDH AGRICULTURE DEPARTMENT

Latest
Photograph

EMPLOYEE ID (For Secretariat Use Only) _____

(TO BE FILLED IN BLOCK LETTERS)

Please answer all questions, and tick () relevant box)

PROFILE

NAME _____

DESIGNATION WITH BPS _____ WING / ATTACH DEPTT. _____
(ACTUAL)

FATHER'S NAME _____

DATE OF BIRTH _____ PLACE OF BIRTH _____

DOMICILE _____ RELIGION Muslim Non-Muslim

NIC No. _____ CNIC NO _____ SEX Male Female

PERMANENT ADD _____

PRESENT ADD _____

TEL: OFF _____ RES _____

MOBILE NO. _____

QUALIFICATION

NAME OF DEGREE	BOARD / UNIVERSITY	YEAR OF PASSING	DIVISION / GRADE	MAJOR SUBJECTS
Matric				
Intermediate				
Graduation				
Master				
Others				

RECORD OF 1ST ENTRY IN SERVICE

DATE OF 1st ENTRY _____ DESIGNATION _____ BPS _____

MODE OF APPOINTMENT Regular Adhoc Contract Transfer Others

WING / ATTACH DEPTT. _____

OFFICE _____ DISTRICT _____

CURRENT POSTING

DATE OF POSTING _____ DESIGNATION _____ BPS _____

WING / ATTACH DEPTT. _____

OFFICE _____ DISTRICT _____

NAME OF REPORTING OFFICER _____

DESIGNATION WITH BPS _____

POSTING RECORD (Last Ten Years)

DESIGNATION	BPS	PERIOD		DEPARTMENT / WINGS / OFFICE	STATUS (Promotion / Moveover / Upgrade / Transfer / Others)
		FROM	TO		

LOCAL TRAINING

INSTITUTION	PERIOD		FIELD / FACULTY
	FROM	TO	

FOREIGN TRAINING

INSTITUTION	PERIOD		FIELD / FACULTY
	FROM	TO	

I solemnly state that the above information is correct according to my knowledge and belief.

Date: _____

Signature of the Employee

DISCIPLINARY PROCEEDINGS

CHARGES	STATUS

Any other relevant information

DECLARATION

This is to certify that the above information is correct as per record.

ATTESTATION BY AUTHORIZED OFFICER

Name:

Designation

Department

Phone No

Signature with Stamp

- Attested photocopy of Service Book / Appointment Letter / Last Transfer and Promotion Letters if any
- Attested photocopy of CNIC/ Educational Certificates