

(Proforma to be filled by individual Paramedical/Nursing staff)

- 1 GPF Account Number
- 2 Name
- 3 Father Name / Husband Name
- 4 Date of Birth (dd/mm/yy)
- 5 Home District
- 6 Category Gen/SC/ST/OBC
- 7 Basis Of Appointment
- 8 Date of Joining in Service
(dd/mm/yy)
- 9 Date of Confirmation / Regularization
(dd/mm/yy)
- 10 Date of Appointment (dd/mm/yy)
- 11 Cadre
- 12 Qualification

Name of Degree / Diploma Subject / Specialization

- 13 Local address

- 14 Permanent Address

- 15 Pending Departmental Enquiry (if any)
- 16 Remarks

17. Posting Details:

S.No	Designation	District	Place of Posting	Date of Joining	Date of Relieve

Verified By
Signature/Name/Post/Stamp Of
CMO/CMS/Head Of Office