EMPLOYEE ID	NO.:														
		(for Office use)													
NAME															
FATHER'S NAME										PAS	SSPOI PH	RT-SI OTO	ZED		
DESIGNATION															
SIGNATURE															
PERMANENT ADDRESS	Γ				/Local										
		District:							PIN:						
PHONE NO.															
EMERGENCY PHO NO.	ONE														
E-MAIL ID								<u> </u>	l						
BLOOD GROUP		IDENTIFICATION MARK													
			1				•								
DATE OF BIRTH	_	D	М		Y		DATE OF JOINING			D	M		Y		
DATE OF ISSU (for Office use)		D	M		Y		VALID UNTIL			D	M		Y		