



PERSONAL INFORMATION FORM

FILL IN BLOCK LETTERS

. One attested copy of service Book
 . One attested copy of C.N.I.C
 . Use black inkpad for thumb impression
 . Fill the form with black ink

FORM REFERENCE ID	District		City		Department	
OFFICE INFORMATION						
Employee Code	NIC(Old)		—		—	
NTN #	CNIC (New)		—		—	
Employee Name Mr./ Mrs./ Miss						
Father's Name						
Husband's Name						
Date of Appointment	Designation		BPS		Cadre	
Parent Department	Division		Section		Employee Status	
Date of Birth	Place Of Birth		Domicile			
Religion	Sex		Marital Status			
GENERAL						
Mark of identification					Height	
Field of Specialization	Language		Medical Category			
Countries Visited				Disability with Date if any		
Insurance Policy	Name of Company					
	Sum Insured	Annual Premium		Date of Maturity		
ADDRESS						
Present (Postal)	Pin Code		Union Council No		Town	
	Permanent					
Phone # (Res)			Phone # (Office)			
QUALIFICATION ACADEMIC / PROFESSIONAL (Use separate sheet if required)						
Name of Degree Diploma / Certificate		Year	Division	Institute / Board / University		
CURRENT POSTING						
Designation with grade						



TRANSFER POSTING HISTORY FROM DATE OF APPOINTMENT					(Use separate sheet if required)
Department	Designation	BPS	From		

PROMOTION / MOVE OVER / UPGRADE FROM DATE OF APPOINTMENT						(Use separate sheet if required)
Type	Date	Department	Designation	BPS	Cadre	

OFFICIAL VEHICLE IF PROVIDED					
Registration #		Make		Model	
Fuel Quota		Fuel type: Petrol / Diesel / CNG		Type: Motorcycle / Car / Others	

OFFICIAL ACCOMMODATION IF PROVIDED					
Address	Pin Code	Union Council #		Town	

OFFICIAL PHONE IF PROVIDED AT RESIDENCE			
Phone #		No . Of Calls Sanctioned	

LOAN RECORD			
Sr. #	Loan Type	Sanctioned Amount	Sanctioned Date

DETAIL OF FAMILY FOR MEDICAL PURPOSES (Spouse & Others)						(Use separate sheet if required)
Sr. #	Name of Department	Relationship	Date of Birth	Age	C.N.I.C #	

(Use separate sheet if required)

NOMINATION FORM

I, _____ S/o, D/o, W/o _____ Designation _____
 _____ Department _____ is hereby nominate the person / persons mentioned below who is / are member
 / of my family as referred to in rules 4.7 (6) & confirm on them the right to receive my service benefits that may be sanctioned by the authority in the event of
 my death while in service.

Name & Address Of Nominee	Relationship	Age	Proportion of the Amount to be paid	If the nominee is minor name of the person / /persons to whom payment to be made on his / her behalf

Left Thumb	Right Thumb	I solemnly state that the above information is correct according to my knowledge and belief
		Signature: _____
		Date: _____


RECORD OF RELATIVES IN GOVT SERVICE

(It will include father , mother , brother s' / sister , uncles first cousins , and equivalent from In-laws)

Serial No	Name	Relationship	Appointment	Any other information

Special Information for Police Department (any other information can be put in the Remarks Column)

Special Grade	Special Amount	Date	For the Period	Remarks

Special Information for Education Department (any other information can be put in the Remarks Column)

Special Grade	Special Amount	Date	For the Period	Remarks

Special Information for Other Department if any (any other information can be put in the Remarks Column)

Special Grade	Special Amount	Date	For the Period	Remarks

Comme-datiens Awards _____

Remarks _____

CHECKED BY HEAD OF THE DEPARTMENT	
DESIGNATION	
SIGNATURE	
DATE	
STAMP	