

## PROFORMA - A

Name of the Office:

Sl. No	Name of the Employee	Designation	Place of working	Date of joining in the present place (irrespective of cadre)	Date of joining in the present station (irrespective of cadre)	Date of Birth	Qualifications	Roster point No with Cycle in present cadre	Community	If direct recruitment need not to fill			Date of Joining in the post Present Post	Date of Regularization in the present cadre	Date of Declaration of Probation present cadre	Whether he/she passed Deputy Inspector Test - I	Whether he/she passed Deputy Inspector Test - II	Whether he/she passed Deputy Inspector Test - III	Whether he/she passed Account test for Subordinate officer Test - I	Whether he/she Physically Handicapped or Not	If so he / She is PH/HH/OH (Necessary Certificated should enclosed)	Remarks
										Date of Joining in the Feeder category	feeder category Desingation	Date of Promotion										
1	2	3	4	4(i)	4(ii)	5	6	7	8	9(i)	9(ii)	9(iii)	10	11	12	13	14	15	16	17	18	19

Signature of the Head of the Institution

## PROFORMA - B

Name of the Office:

Sl.No.	Name of the post	Sanctioned	Working	Vacant	Remarks
1	Superintendent/Auditor				
2	Senior Assistant				
3	Junior Assistant				
4	Typist				
5	Record Assistant				
6	Lab Assistant				
7	Library Assistant				
8	Attender				
9	Gardener - Regular				
10	Sweeper - Regular				
11	Others				
12	Others				
13	Others				

note:- Don't specify contingent details

Signature of the Head of the Institution