PROFORMA

Updation of records in respect of Officers/Officials Planning & Statistical Cadre (Proforma to be filled up and verified through the office concerned)

Name of Department with address: Office 's Contact Number:							011 +91				
S. No.	Name of Officer/Official with D.O.B.	Designation	Present post hold w.e.f.	Date of joining in the present Department	Qualification	Whether on Diverted Capacity (Yes/No)	Residential/ Communication Address	Number of Official Alternate Number	Whatsapp Number	Email Address	Name of the all previous department, if any in chronological order with date
											I. II. III. IV. V.
											I. II. III. IV. V.
											I. II. III. IV. V.

Name of Post	Sanctioned Post	Filled Post	Vacant Post
Joint Director			
Deputy Director			
Assistant Director			
Statistical Officer			

Note: The above information shall be furnished in Typed Form.

Signature	:			
(H.O.O./ Administrative Officer/				
Section Officer/Office In-charge)				
Name	:			
Designation	:			
Contact Number:				

Annexure-II

Cadre

PROFORMA

(Proforma to be filled by the Officers/Officials of Planning & Statistical Cadre individually)

Name				
Date of Birth				
Designation				
Name of Departm	ent			
Address of Depart	ment			
Office's Contact N	lo.			
Present post hold	w.e.f.			
Date of joining in Department	the Present			
Qualification				
Whether on Diver (Yes/No)	ted Capacity			
Residential/ Comr	nunication Address			
Mobile Number	Main Number			
of Officer/Official	Alternate Number			
Whatsapp Number	r			
Email Address				
Name of previous chronological orded date	department if any, in er with period and	S. No. I. II. III. V.	Name of Department	Period with date

Date:	
	Signature of the
	Officer /Official of
	Planning & Statistical