

Performa for Employees Data Base

STAFF No. _____ RELHS No. (IF RETIRED) _____ Card No. _____

Name _____ Designation _____

Department _____ Mobile No _____ Date of Birth _____ Sex _____

Address _____

_____ Date of Joining _____

Date of Retired _____ Blood Group _____ E-mail _____

Family Detail

Sr No	Name	Relation	Date of Birth	Sex	Card No
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

Forwarded By- Controlling office with Seal.

Photo copy of Health Card of all beneficiaries.

Signature of Employee / Retired Person

All information are mandatory.