



बिहार सरकार

# समाहरणालय, मुजफ्फरपुर



ई-मेल - dm-muzaffarpur.bih@nic.in

वेबसाइट - muzaffarpur.bih.nic.in

दुरभाष/फैक्स - 06212223010

पत्रांक - 02...../कार्मि0,

(कार्मिक कोषांग)

दिनांक - 01/08/2020

विधान सभा निर्वाचन-2020

प्रेषक,

जिला निर्वाचन पदाधिकारी  
-सह-जिला दण्डाधिकारी,  
मुजफ्फरपुर।

कार्यालय कोड सं० - 143589

सेवा में,

प्राचार्य  
श्रीकृष्ण मेडिकल कॉलेज,  
उमानगर, मुजफ्फरपुर

विषय :-

विधान सभा निर्वाचन-2020 के सफल संचालन हेतु पदाधिकारियों/कर्मचारियों की सूचना संलग्न प्रपत्र (Proforma-I,II एवं Employee Checklist) में उपलब्ध कराने के संबंध में।

महाशय,

उपर्युक्त विषयक उप मुख्य निर्वाचन पदाधिकारी, बिहार, पटना से प्राप्त Proforma-I,II एवं Employee Checklist की प्रति संलग्न कर भेजते हुए निदेश दिया जाता है कि अपने एवं अपने अधीनस्थ कार्यरत सभी पदाधिकारियों/कर्मचारियों की सूचना संलग्न Proforma-II में प्राप्त कर अपना प्रतिवेदन Proforma-I,II एवं Employee Checklist के साथ दिनांक 20.06.2020 तक निश्चित रूप से कार्मिक कोषांग, मुजफ्फरपुर को उपलब्ध कराना सुनिश्चित करें। इसमें किसी भी तरह की लापरवाही के लिए आपके विरुद्ध सुसंगत धाराओं के अंतर्गत कार्रवाई की जाएगी। यह भी प्रमाण-पत्र दे कि किसी भी पदाधिकारियों/कर्मचारियों से संबंधित सूचना का प्रेषण नहीं छोड़ा गया है तथा प्रपत्र-1 में नोडल पदाधिकारी का नाम/पदनाम एवं मोबाईल नम्बर अचूक रूप से भरेंगे।

सुलभ संकेत हेतु Proforma-I,II एवं Employee Checklist को भरने से संबंधित निदेश संलग्न है।

अनुलग्नक :-

Proforma-I - एक प्रति।  
Proforma-II - एक प्रति।  
Employee Checklist - एक प्रति।  
निदेश - एक प्रति।

विश्वासभाजन

जिला निर्वाचन पदाधिकारी  
-सह-जिला दण्डाधिकारी,  
मुजफ्फरपुर।



ज्ञापांक :-

1840

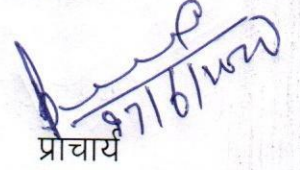
दिनांक :-

27/06/2020

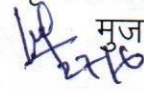
**प्रतिलिपि :-** सभी विभागाध्यक्ष/पुस्तकालय सचिव/बरसर/ई-स्टेटे ऑफिसर/भंडार पदाधिकारी/विशेष कार्य पदाधिकारी, श्री कृष्ण चिकित्सा महाविद्यालय, मुजफ्फरपुर को सूचनार्थ एवं आवश्यक कार्यवाही हेतु प्रेषित करते हुए कहना है कि अपने-अपने अधिनस्थ स्वयं सहित कार्यरत चिकित्सको/शिक्षकों/चिकित्सा पदाधिकारियों एवं कर्मचारियों का पत्र में संलग्न विहित प्रपत्र में भरकर/भरवाकर पत्र निर्गत की तिथि से तीन दिनों के अन्दर निश्चित रूप से अधोहस्ताक्षरी कार्यालय में समर्पित करें।

**प्रतिलिपि :-** आई0टी0 शाखा, श्री कृष्ण चिकित्सा महाविद्यालय, मुजफ्फरपुर पर अपलोड करने हेतु सूचनार्थ प्रेषित।

**प्रतिलिपि :-** सूचना पट्ट।

  
प्रोचार्य

श्री कृष्ण चिकित्सा महाविद्यालय,  
मुजफ्फरपुर।

  
27/6

PROFORMA-I  
OFFICE INFORMATION  
(To be submitted in triplet)

Office Code	Category
143589	<div style="display: flex; justify-content: space-between;"> <div>State Government</div> <div><input checked="" type="checkbox"/></div> </div> <div style="display: flex; justify-content: space-between;"> <div>Central Government</div> <div><input checked="" type="checkbox"/></div> </div> <div style="display: flex; justify-content: space-between;"> <div>State PSU</div> <div><input checked="" type="checkbox"/></div> </div> <div style="display: flex; justify-content: space-between;"> <div>Central PSU</div> <div><input checked="" type="checkbox"/></div> </div>
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;">1. Office Name</div> <div>:SKM COLLEGE UMA NAGAR MUZAFFARPUR</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;">2. Department Name</div> <div>:Health Offices</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;">3. Designation of Office Head</div> <div>:.....DDO Code (if any).....</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;">4. Mobile Number</div> <div>:.....</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;">5. Full Address</div> <div>:0 0</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;">6. Block Name</div> <div>:Musahri(1212)</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;">7. Assembly Constituency Number And Name(Where Office Situated)</div> <div>:094 Muzaffarpur</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;">8. Contact Number</div> <div>:.....</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;">9. e-Mail Address</div> <div>:.....</div> </div>	

Total Employee Working/Posted

Male	Female	Other	Total

Total Contractual Employee Working/Posted

Male	Female	Other	Total

Certified that the information given above is true and based on actual fact.Verified Performa - II of all Officers/staffs working/posted under this office department are attached. No officers/staffs name has been left.

Dated:

Signature of Head of Office With  
Seal



**EMPLOYEE INFORMATION**  
**PROFORMA-II**  
(To be filled using English CAPITAL LETTERS only)

Paste Recent  
Colour Passport  
Size Photo

OFFICE NAME: \_\_\_\_\_

1. EMPLOYEE NAME : \_\_\_\_\_

2. DESIGNATION : \_\_\_\_\_

3. SEX

☐

MALE

☐

FEMALE

☐

OTHER

4. SALARY DETAILS

GRADE: \_\_\_\_\_

BASIC PAY: \_\_\_\_\_

Pay Matrix Level: \_\_\_\_\_

(Note : Full contractual in case of contractual employee in Grade)

5. DATE OF RETIREMENT : \_\_\_\_\_

6. POSTING BLOCK NAME : \_\_\_\_\_

7. MOBILE NUMBER : \_\_\_\_\_

8. BLOOD GROUP:

☐

Group

☐

Rh factor (+/-)

9. PRESENT RESIDENTIAL ADDRESS : \_\_\_\_\_

10. HOME BLOCK NAME : \_\_\_\_\_

HOME DISTRICT : \_\_\_\_\_

FILL BELOW THE NUMBER AND NAME OF ASSEMBLY CONSITUENCY (AC) WHERE -

11. POSTED	AC No.	AC Name
12. HOME		
13. PRESENT RESIDENCE :		
14. YOUR NAME IS ENROLLED		AC Name : Part Number Sr No. in Voter List Booth No. Booth Name : EPIC No.

**OTHER DETAILS**

15. Bank Detail:-

Bank Name

Bank Branch

IFSC Code

Account No.

16. IS POSTED FOR 3 YEARS OR MORE IN THE LAST 4 YEARS IN THE SAME DISTRICT : ☐ YES ☐ NO

17. DATE OF JOINING IN THE DISTRICT : \_\_\_\_/\_\_\_\_/\_\_\_\_

18. Is BLO : ☐ YES ☐ NO If Yes Then BLO AC Name

Part No.

19. Is PWD (Person with disability) :

YES ☐

NO ☐

If Yes Then %

20. Is Teacher :

YES ☐

NO ☐

21. Is Gazetted Officer :

YES ☐

NO ☐

22. REMARKS : \_\_\_\_\_

Signature of Head of the office with seal



## Employee Checklist

OFFICE CODE:	CATEGORY:
220085	<div style="display: flex; justify-content: space-between;"> <div>STATE GOVERNMENT</div> <div><input type="checkbox"/></div> </div> <div style="display: flex; justify-content: space-between;"> <div>CENTRAL GOVERNMENT</div> <div><input type="checkbox"/></div> </div> <div style="display: flex; justify-content: space-between;"> <div>STATE PSU</div> <div><input type="checkbox"/></div> </div> <div style="display: flex; justify-content: space-between;"> <div>CENTRAL PSU</div> <div><input type="checkbox"/></div> </div>

1. OFFICE NAME : .....
2. DEPARTMENT NAME : .....
3. DESIGNATION OF OFFICE HEAD : ..... DDO Code (if any).....
4. MOBILE NUMBER : .....
5. FULL ADDRESS : .....  
.....  
.....
6. BLOCK NAME : .....
7. ASSEMBLY CONSTITUENCY NUMBER : .....  
AND NAME(WHERE OFFICE SITUATED) : .....
8. CONTACT NUMBER : STD Code : .....NUMBER.....
9. e-MAIL ADDRESS : .....

### TOTAL EMPLOYEE WORKING/POSTED

MALE	FEMALE	OTHER	TOTAL

### TOTAL CONTRACTUAL EMPLOYEE WORKING/POSTED

MALE	FEMALE	OTHER	TOTAL

Certified that the information given above is true and based on actual fact. verified  
Performa - II of all officers/staffs working/posted under this office/department are attached. No. officers/staffs name has been left.

Dated :

Signature of Head of the office  
with seal



**INSTRUCTIONS FOR FILLING OFFICE INFORMATION**  
**PLEASE FILL ALL INFORMATION USING ENGLISH AND IN CAPITAL LETTERS ONLY**  
**AVOID OVERWRITING, CUTTINGS AND ERASING**

- OFFICE INFORMATION should be prepared in THREE copies, All copies should send with employee information.
- OFFICE CODE-OFFICE CODE will be provided by the election office/Personnel Dept. so the office should left it blank.
- CATEGORY-Please tick ✓ one to whom you office belong to.
- For Sl. No. 1 & 2 - Write office name and department name in CAPITAL LETTERS as given below. Must verify the correctness of spellings.

OFFICE NAME : GANGA PUL PARIYOJNA WING  
 DEPARTMENT NAME : ROAD CONSTRUCTION DEPARTMENT

- For Sl. No. 3 & 4 & 5 - Write office head designation, mobile number and full address of your office with PIN number.

OFFICE HEAD DESIGNATION : CHIEF ENGINEER  
 Mobile Number : 99\*\*\*\*\*  
 FULL ADDRESS : 3rd FLOOR, VISHWESWARAIYA  
 BHAWAN, BAILEY ROAD,  
 PATNA-800016

- For Sl. No. 6 & 7 - Write Name of block and Assembly Constituency number and name (AC) where office is situated.

BLOCK NAME : PATNA SADAR  
 ASSEMBLY CONSTITUENCY NO. : 181 - DIGHA  
 AND NAME WHERE OFFICE SITUATED :

- For Sl. No. 8 & 9 - Write office/head of the office contact number with STD Code and e-mail address if any.

CONTACT NUMBER : STD Code : 0612 Number : 2677544  
 e-mail address : gprw@gmail.com

- For Sl. No. 15 - Tentative date for counting of posting period 31.05.2019.

- **TOTAL EMPLOYEE WORKING/POSTED DETAILS** - Write total number of male and female employee working/posted under this office as given below-

**TOTAL EMPLOYEE WORKING/POSTED**

MALE	FEMALE	OTHER	TOTAL
12	06	0	18

**TOTAL CONTRACTUAL EMPLOYEE WORKING/POSTED**

MALE	FEMALE	OTHER	TOTAL
12	06	0	18

Certified that the information given above is true and based on actual fact, verified  
 Performa - II of all officers/staffs working/posted under this office/department are attached. No. officers/staffs name has been left.

Dated :

Signature of Head of the office  
 with seal



## Employee Checklist

### Employee Information

Serial Number

1

Office Name

220085,

UPGRADE HIGH SCHOOL, MOTI TOLA, ISMAILPUR

Employee Name



(2218631) HEMENDRA KUMAR

Designation

SECONDARY TEACHER, POLLING OFFICER-1

Sex

Male

Salary Details

Grade : Group C, Basic Pay : 5200, Pay Matrix Level :5

Date of Retirement

30/06/2034

Posting Block Name

Ismailpur

Mobile Number

9525242325

Blood Group

AB+

Present Residential Address

SAHUPARBATTA NAUGACHIA BHAGALPUR

Home Block Name

Naugachhia

Home District : BHAGALPUR

FILL BELOW THE NUMBER AND NAME OF ASSEMBLY CONSITUENCY (AC) WHERE -

	AC No.	AC Name
Posted	153	Gopalpur
Home	153	Gopalpur
Present Residence	153	Gopalpur
Your Name is Enrolled	AC Name	153-Gopalpur
	Part No.	0
	Sr. No. in Voter List	111
	Booth No.	95
	Booth Name	M. S SAHUPARABATTA
	Epic No.	BR/31/169/207070

**Bank Name :** PAKRA, NAVGACHIYA, SBI PAKRA, M, **Bank Branch :** PAKRA, NAVGACHIYA, SBI PAKRA, M

**IFSC Code :** SBIN0015583, **A/C No. :** 3493453172

**Is Posted For 3 Years or more in the last 4 years in the same District:** NO

**Date of joining in District:** 07/04/2015

**Is BLO:** NO. **BLO AC No.** **BLO Part No.:**

**Is PWD (Person with Disability) No. is Yes then % 0**

**Is Teacher** NO


**Is Gazetted** NO

**Remarks**



## Employee Checklist

### Employee Information

Serial Number 2  
Office Name 220085, UPGRADE HIGH SCHOOL, MOTI TOLA, ISMAILPUR  
Employee Name  (2218632) MANISH KUMAR MANDAL  
Designation SECONDARY TEACHER, POLLING OFFICER-1  
Sex Male  
Salary Details Grade : Group C, Basic Pay : 5200, Pay Matrix Level :3  
Date of Retirement 31/01/2047  
Posting Block Name Ismailpur  
Mobile Number 8340723149  
Blood Group B-  
Present Residential Address PARBATTa ISMAILPUR BHAGALPUR  
Home Block Name Ismailpur Home District : BHAGALPUR

FILL BELOW THE NUMBER AND NAME OF ASSEMBLY CONSITUENCY (AC) WHERE -

Posted	AC No.	AC Name
Home	153	Gopalpur
Present Residence	153	Gopalpur
Your Name is Enrolled	153	Gopalpur
	AC Name	153-Gopalpur
	Part No.	0
	Sr. No. in Voter List	158
	Booth No.	232
	Booth Name	M. S PARBATTa
	Epic No.	ZFL0875621

Bank Name : PAKRA, NAVGACHIYA, SBI PAKRA, M, Bank Branch : PAKRA, NAVGACHIYA, SBI PAKRA, M

IFSC Code : SBIN0015583, A/C No. : 34945653147

Is Posted For 3 Years or more in the last 4 years in the same District: NO

Date of joining in District: 07/04/2015

Is BLO: NO. BLO AC No. BLO Part No.:

Is PWD (Person with Disability) No. is Yes then % 0

Is Teacher NO

Is Gazetted NO

Remarks