

Name of the Office : Name of the Wing :	Office Address: Office Code(Filled by ICT cell)
ID No.	
Name (Bengali):	
Name:	



Form-02

Pool	Wing	Division (If Applicable)	Project (If Applicable)	Office (If Applicable)

Position as per gradation*:	
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(* Filled by Establishment division:)

Date of joining at BADC	Present grade (1-20)	Current designation	Current posting

Father's name	Mother's name

District	Religion	Marital status	Phone (Office, Residence)	Mobile no.

e-Mail	National id no.	Blood group	Date of birth	Nationality	Male/Female

Birth symbol	Language known	Permanent address	Temporary address

Freedom fighter (Yes/No)	Children of freedom fighter (Yes/No)	Tribal	Date of retirement*	Total service length*	Leave without pay*

Audit objection*	Actual service length*

Gratuity salary*	Due amount to BADC*	Due gratuity to employee (Amount)*	Comment*

* Filled by Establishment Division:

Reinstate (If Applicable):

Previous grade (1-20)	Previous designation	Writ petition no and date	Date of release from Job

Date of verdict	Date of reinstate	Date of rejoining at BADC	Present designation

Spouse Information:

Name of the spouse	Occupation	Educational qualification	Address of working place	Designation	Male/Female	District

Children Information:

Name of the children	Male/Female	Date of birth

Educational qualification:

Name of the Examination and Subject (If applicable)	Name of the Institution	Year of Passing	Result	Board/ University

Training related information:

Name of training and subject	Kind of training (Local/Foreign)	Place of training	Name of the institution	Address of the Institution	From	To

Prior service related information

Name of the organization	Address	Type of service	Designation	From	To

Foreign travel related information:

Purpose of the traveling	Place of traveling	Personal/Official	From	To

Leave related information:

Purpose of leave	Type of leave	From	To	Remaining leave

Promotion related information:

Grade (1-20)	Designation	Memo no.	Date of promotion	Pay scale

Posting related information:

Wing	Division	Office (If Applicable)	Designation	From	To	Basic Salary	Pay Scale

Extra ordinary qualification:

Qualification	Qualification Details

Disciplinary related information*:

Details of claim	Applied punishment	Date of punishment order and Memo no.	Duration of punishment	Type of punishment

Details of current divisional case*:

Details	Date and Memo	Latest situation of case

(* Filled by Establishment division:)

Name:

Designation:

Signature: