									PROFORM	IA									
SI. No.	Name of the officer Sh./Smt./ Kum.	Emp. ID	Designati on	Place of Posting	Date of Birth (Srintrly in DD/MM/ YY)	Age as on 31.12.2025	Date of Joining in Govt. Services/ESIC (also indicate service prior to ESIC, if any)	on 31.12.2025	joined service (including service	Details of Verifiable Complaint s including Sexual Harashme nts, if any.	Sheet and Penalties, if any, imposed on officer during the	Status of Vigilance Clearance	Integrity	State of Health	Leave Availed during last 5 Years		Whether Retiring/S uperannu ating within One Year		Remarks, if any
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	17	18	19	20	21
															EL- HPL- COMM- EOL-				
			1						1				1		1	1		1	

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