

No.SO(B&E-II)9-2/2018(Misc)  
**GOVERNMENT OF THE PUNJAB**  
**FINANCE DEPARTMENT**

Dated Lahore, the 9<sup>th</sup> August, 2018

To

1. The Chief Inspector of Treasuries & Accounts,  
4-A Lytton Road, Lahore.
2. All District Accounts Officers/  
Treasury Officer in the Punjab.
3. All Deputy Directors (B&A),  
Health Authorities, Punjab.
4. All Deputy Directors (B&A),  
Education Authorities, Punjab.

SUBJECT: **PROFORMA FOR SERVICE PROFILE**

Please refer to the subject cited above and find enclosed herewith a service profile proforma devised to have an updated service profile of all the employees under the administrative control of this Section for better service delivery.

2. It is requested that:
  - i) Hard copy of the proforma may be returned, after filling all its columns, to the undersigned, within a fortnight by all the officers in BS-17 and above.
  - ii) Soft copy of the same may also be furnished at the following address:  
**sobne2@gmail.com**
  - iii) Soft copy of the proforma can be downloaded from the official website of the Finance Department, Government of the Punjab.
3. Further action may be taken accordingly.

(M. SAIF-UL-ISLAM)  
SECTION OFFICER (B&E-II)

**NO. & DATE EVEN**

A copy is forwarded for information to:

- i) The System Analyst, Finance Department with the request to place the proforma on the website of the Finance Department to be downloaded by the officers.
- ii) PS to Finance Secretary.
- iii) PS to Additional Finance Secretary (Estt.).
- iv) PS to Deputy Secretary (LA&T), Finance Department.
- v) Section Officer (Admn.) Finance Department.

(M. SAIF-UL-ISLAM)  
SECTION OFFICER (B&E-II)

SERVICE PROFILE OF \_\_\_\_\_

DESIGNATION: \_\_\_\_\_

Picture

1 X 1.5"

1	Name	
2	Father's Name	
3	Date of Birth	
4	C.N.I.C No.	
5	Mailing Address	
6	Dual Nationality (self/spouse)	
7	Qualification	
8	Domicile	
9	Passport No.	
10	Date of first entry into service	
11	Cell Number	
12	Emergency contact Number	
13	Permanent Address	
14	Details of inquiry (if any)	NAB, ACE, FIA, POLICE, PEEDA ETC.
15	Mandatory Training	
16	Training (local/foreign)	

**DETAIL OF POSTS HELD**

Sr. No.	Name of post held	District	Period	
			From	To

Name: \_\_\_\_\_

Designation: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_