## Blank Performa on Carrier Planning System

**Department Information:** Employee No: CCIT/DGIT CIT/DIT Charge Region: Hqrs/ Range: Station: Date of Joining Designation: in Department Civil List / Appointment on Present Post: Seniority No: Duration of stay on Present Station: Years: Months: **Employee's Basic Information:** Title / Name: Date of Birth: Category: Qualification: Address: City: Phone: Phone: (Code / Office) (Residence) Mobile: Email: Physical Computer Yes / No Yes / No Knowledge: Handicapped: **Departmental Examination Passed:** 1) Examination: 1) Date of Passing: 2) Date of Passing: 2) Examination: 3) Date of Passing: 3) Examination: Preference for Places of Posting (if transferred out): 1) Station Choice: Reason 1: 2) Station Choice: Reason 2: 3) Station Choice: Reason 3:

## Posting Details (From the Date of Joining to till date)

| Fin.<br>Year | Office of Posting | Designation | Station<br>of<br>Posting | Assigned<br>Duties | Asstt /<br>Non<br>Asstt | Joining<br>Date | Relev.<br>Date |
|--------------|-------------------|-------------|--------------------------|--------------------|-------------------------|-----------------|----------------|
|              |                   |             |                          |                    |                         |                 |                |
|              |                   |             |                          |                    |                         |                 |                |
|              |                   |             |                          |                    |                         |                 |                |