

# B. D. College, Patna

## Format for working personnel

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Name's Title	DR	PROF	MR	MRS	MISS	
Employee's Name						
Employee's Designation						
Department						
Employee's Type	Teaching		Non-Teaching			
Role in the Department	Head [Yes or No]					
Gender	Male		Female			
Qualification						
Contact No.						
WhatsApp No.						
Email Id						
Correspondence Address						
Permanent Address						
Nature of Job	Regular	Guest Faculty	Contract	Temporary		
Date of Birth						
Blood Group	A+	A-	AB+	AB-	O+	O-
Date of Joining						
Date of Joining in this institute						
Appointment Ref. No.						
Remarks						

Full Signature and Date

Signature  
Head Assistant

Signature  
Head of Department