

PROFORMA FOR ASSESSMENT OF DPL

1. Directorate / Division / Section _____
2. Name of DPL _____
3. Father's Name _____
4. CNIC # _____
5. Date of Birth _____
6. Qualification _____
7. Permanent Address _____

8. Temporary Address _____

9. Contact No _____
10. Category of DPL _____
(skilled / semi-skilled / un-skilled)
11. Period of engagement From _____ to _____
12. Detail of Assignment / Work
 - i) _____
 - ii) _____
 - iii) _____
 - iv) _____
 - v) _____

13. Assessment Report

Sl.	Description	Remarks
i.		
ii.		
iii.		
iv.		
v.		

Verified by:

Name: _____

Designation: _____

Official Stamp: _____

Department Phone / Ext. _____