

SERVICE VERIFICATION PERFORMA FOR
DHA EMPLOYEES

Personal Information

Name: _____

Father's Name: _____

D.O.B: _____ Marital Status: _____ Date of Appointment: _____

Post Held: _____ Qualification: _____ Grade: _____

Present Status: _____ Place of Posting: _____ Date of Retirement: _____

Employment Category: (Permanent / Temporary / Contract / Other): _____

Family Information

Spouse Name: _____

No. of Children: _____ Boy(s): _____ Girl(s): _____

Contact

Residential Address: _____

Landline: _____ Cell No: _____

Following to be attached with this Performa (mandatory):-

- Attested copy of Appointment Letter
- Attested copy of Employment Card

It is to certify that information provided above is correct to the best of my knowledge and belief.

Employee Sign: _____

Date: _____

Head of Dept Sign: _____

Date: _____

Stamp: _____