

E-OFFICE APPLICATION – E-Signature PROFORMA

To be filled by E-Office Implementation Team

User Digital Certificate

Employee PID

To be filled by proposed E-Office User

***Fields are mandatory**

Ministry*	Info & Broadcasting	Department / Wing*	
Section*		Service cadre	
Designation and BPS*		CNIC*	
First Name*		Middle Name	
Last Name*		Father Name*	
Date of Birth*		Place of Birth*	
Gender		Religion	
Domicile*		Nationality	
Marital Status		Gross Salary	
Official Email		Personal Email	
Official Contact #		Personal Contact #	
Emergency Contact Person		Emergency Contact Person Ph.	
Joining Date* (Current Organization)		Joining Date* (Govt. Service)	
Job Nature	a) Permanent b) Contract c) Temporary	Job Status	a) Federal Govt b) Provincial Govt c) Semi Govt d) Armed Forces e) Private
Reporting Officer* (Name & Designation)		Counter Signing Officer* (Name & Designation)	

Employee's Signature: _____

Date: _____