



Jana College, Drugmulla Kupwara

Affiliated to University of Kashmir, Govt. Of Jammu and Kashmir

EMPLOYEE DETAIL FORM

Personal Information:

- Full Name: _____
- Father's Name: _____
- Email: _____
- Phone: _____
- Date of Birth (DOB): _____
- Gender: ☐ Male ☐ Female ☐ Other
- Category: _____

Educational Details:

- Education: _____
- Designation: _____
- Department: _____

Address Details:

- Permanent Address: _____
 - City: _____
 - State: _____
- Local Address: _____
 - City: _____
 - State: _____

Signature: _____

Date: _____