



# PAKISTAN WATER AND POWER DEVELOPMENT AUTHORITY

## WAPDA MANPOWER DATA FORM-1

**NOTE: PLEASE FILL THE FORM IN CAPITAL LETTERS**

Photograph

Manpower-Form1 Version: 3  
Dated: 10-09-2013

CNIC No.										GPF No.									
<b>Wing</b>				<b>Formation Name</b>						<b>Department Name</b>									

Working Status (Please tick the relevant one)								If on Contract, Adhoc or daily wages specify expiry date (DD-MM-YYYY)							
Regular	Contract	Deputation	Re-employed	Adhoc	Daily Wages (Against Sanctioned Strength)	Daily Wages (Against Work Charge)	Others	-		-					

**Employee Name**

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**Father Name**

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

<b>Post BPS</b>	<b>Designation according to sanctioned strength</b>	<b>Cadre of the Employee</b>
<b>Upgraded BPS</b>	<b>Upgraded Designation (If applicable)</b>	<b>Date of Up-gradation (DD-MM-YYYY)</b>
		- -

**Domicile: Province / Region (Please tick the relevant one)**

Punjab	Sindh Rural	Sindh Urban	Khyber Pakhtunkhwa	Baluchistan	FATA	Gilgit Baltistan	Azad Jamu & Kashmir	Capital Territory (Islamabad)
--------	-------------	-------------	--------------------	-------------	------	------------------	---------------------	-------------------------------

<b>Domicile District</b>	<b>Nationality</b>

<b>Marital Status</b>	<b>No of Children</b>	<b>Spouse Name</b>	<b>Spouse Nationality</b>	<b>Spouse Profession</b>
Single    Married				Working    Household

<b>Employee Birth Date (DD-MM-YYYY)</b>	<b>Employee Gender</b>	<b>Employee Religion</b>
- -	Male    Female	

**Residential Address**

<b>City</b>	<b>Telephone &amp; Mobile #: (with code)</b>	

<b>Highest Academic Qualification Type (Phd / Masters / Bachelor / Inter etc.)</b>	<b>Discipline / Field (Engineering, Medical, IT, Admin etc.)</b>	<b>Specialization (if any)</b>



**PAKISTAN  
WATER AND POWER DEVELOPMENT AUTHORITY  
WAPDA MANPOWER FORM-1**

NOTE: PLEASE FILL THE FORM IN CAPITAL LETTERS

Date of Joining service  
(DD-MM-YYYY)

		-							
--	--	---	--	--	--	--	--	--	--

Date of Present Promotion  
(DD-MM-YYYY)

		-							
--	--	---	--	--	--	--	--	--	--

Date of Posting in Current Office  
(DD-MM-YYYY)

		-							
--	--	---	--	--	--	--	--	--	--

Date of Posting in Current Station  
(DD-MM-YYYY)

		-							
--	--	---	--	--	--	--	--	--	--

Present Office Name and Address

<b>City</b>		<b>Phone #: (with code)</b>	

Office Premises located in

Wapda House Lahore	Sunny View Lahore	Wapda House Peshawar	Rest Houses	Staff Colleges / Academies	Hospital / Dispensaries	Other
-----------------------	-------------------	-------------------------	-------------	-------------------------------	----------------------------	-------

Posting Status

Additional Charge

Yes	No
-----	----

Designation of Additional Charge (If applicable)

--

Additional Charge From (DD-MM-YYYY)

		-							
--	--	---	--	--	--	--	--	--	--

Additional Charge To (DD-MM-YYYY)

		-							
--	--	---	--	--	--	--	--	--	--

Attachment

Yes	No
-----	----

Attachment with (office name and address)

--

Attachment From (DD-MM-YYYY)

		-							
--	--	---	--	--	--	--	--	--	--

Attachment To (DD-MM-YYYY)

		-							
--	--	---	--	--	--	--	--	--	--

Surplus

Yes	No
-----	----

Accommodation being availed (Please tick one option)

WAPDA owned	House rent allowance	WAPDA Acquired			
		Self	Parents	Wife	3 <sup>rd</sup> Party

Prescribed Free Electricity Units Per Month

--

Availing Medical Facility

Medical Facility	Cash Medical Allowance
------------------	------------------------

## Certificate

It is solemnly affirmed that the information given above is correct as per record of this office. I understand that in case of incorrect information I shall be dealt with under WAPDA E&D Rules.

**Counter signature**  
Of head of office with  
Name, date & stamp

**Concerned admin officer**  
**Not below BPS-17**

