



भा.कृ.अ.प.- भारतीय पशु चिकित्सा अनुसंधान संस्थान  
इज्जतनगर - 243122 (उप्र), भारत

ICAR - INDIAN VETERINARY RESEARCH INSTITUTE  
IZATNAGAR - 243122 (U.P.) INDIA



No.F. 30-1/96-E.I

Date: 29<sup>th</sup> December., 2018

**CIRCULAR**

It is for general information that a format is to be filled up by each Officer/employee of this Institute for creating database to be used by the human hospital recognized hospital etc.

It is requested that all officers/employees of the Institute may fill up the enclosed format (fixing self photograph and photo of their dependent) and after verifying and signature of the officer incharge it may sent to this office for further necessary action by 15.01.2019, positively.

  
(A.M.Khare)

Asstt.Adm.Officer

**Distribution:**

1. All the JDs /HDs /PCs /OCs /National Fellow/Comptroller /CAO /SFAO /F&AO /SAOs /AOs /AAOs/ AF&AO. , IVRI, Izatnagar with the request that this may kindly be brought to the notice of all the staff members working under them.
2. P.S. to Director, IVRI, Izatnagar for kind information of the Director, IVRI, Izatnagar.
3. P.S. to the Joint Director(Admn.), IVRI, Izatnagar.

**Format of the Employee details**

<b>Employee FMS ID</b>	
<b>Photograph:</b>	
<b>Name of Employee:</b>	
<b>Date of birth:</b>	
<b>Designation:</b>	
<b>Place of Posting:</b>	
<b>1. Name of the Dependent:</b>	
<b>Photograph:</b>	
<b>Relation with the Employee:</b>	
<b>Date of birth:</b>	
<b>2. Name of the Dependent:</b>	
<b>Photograph:</b>	
<b>Relation with the Employee:</b>	
<b>Date of birth:</b>	
<b>3. Name of the Dependent:</b>	
<b>Photograph:</b>	
<b>Relation with the Employee:</b>	
<b>Date of birth:</b>	

<b>4. Name of the dependent:</b>	
<b>Photograph:</b>	
<b>Relation with the Employee:</b>	
<b>Date of birth:</b>	
<b>5. Name of the dependent:</b>	
<b>Photograph:</b>	
<b>Relation with the Employee:</b>	
<b>Date of birth:</b>	
<b>6. Name of the dependent:</b>	
<b>Photograph:</b>	
<b>Relation with the Employee:</b>	
<b>Date of birth</b>	

**Signature of the employee**

**Verified by the OfficerIn Charge**

**Signature of the Officer In Charge**