

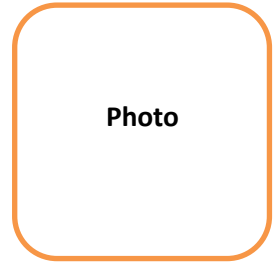
APPLICATION FORM FOR APPOINTMENT ON DEPUTATION BASIS

Note: (i) The application should be forwarded through proper channel / the concerned department, with copies of the ACRs / APARs and Vigilance Clearance Certificate, signed by the Competent Authority, given at the end of the application form.

(ii) Incomplete, unsigned, and the applications received not on prescribed proforma and after the last date of receipt of application shall be rejected summarily, without any notice to the candidate.

Post Applied For:.....

1. Name
(in block letters) :
2. Father's Name :
3. Postal Address :
.....
.....
4. Permanent Address :
.....
.....
5. E-mail ID :
Contact No. :
(Mobile & Landline)
6. Fax No. :
7. Date of Birth & Age :
8. Date of Superannuation:
9. Present Post held :
10. Present Pay Band / :
Grade Pay / Pay Matrix Level



11. Education Qualification : (Please enclose self-attested photocopies of relevant document)

Exam Passed	Board / University	Year of passing	Duration	Subjects	Percentage

12. Professional Qualification : (Please enclose self-attested photocopies of relevant document)

Exam Passed	Board / University	Year of passing	Duration	Subjects	Percentage

13. Details of employment in chronological order (if needed, enclose a separate sheet duly authenticated by your signature in the format given below): (Please enclose self-attested photocopies of relevant document)

Office / Institute / Organization	Post held	Period		Nature of appointment (Regular / Ad-hoc / Deputation)	Scale of Pay / Basic Pay / Pay Band with Grade Pay*	Nature of Duties
		From	To			

*** Applicants not holding the posts in Pay Band / Grade Pay as per Central Government pay scale should indicate the equivalent pay scale vis-à-vis Central Government pay scales (with proof)**

14. In case the present employment is held on deputation, please specify

(a) The date of initial employment :

(b) Period of appointment on deputation with address up to period :

.....

(c) Name of parent Office / Organization to which you belong :

.....

15. Details of proficiency in Computer (Please enclose Certificate for Computer Training Course of at least 6 months duration from a recognised institution)

.....

16. Whether belong to :
Gen / SC / ST / OBC / PH /
Ex – Serviceman

17. Any Other Information :

(Please attach additional sheet if required)

DECLARATION

18. I solemnly declare and affirm that the information given above is correct to the best of my knowledge and belief. In the event of any information being found false or incorrect or ineligibility being detected before or after the interview / selection / engagement, my candidature may be treated as cancelled and, I shall be liable for any action as the AUD deem fit and proper.

19 That I fulfil the requisite conditions in terms of age, Pay Matrix level in regular service, and other qualification for the post applied for i.e.....

Place:.....

(Signature of the Applicant)

Date:.....

(Please enclose self-attested photocopies of relevant documents)

Recommendation of Competent Authority

- (i) The Service particular furnished by the applicant are verified from service record and are found to be correct, attested copies of ACRs / APAR for the last five years are annexed herewith.
- (ii) There is no vigilance case is pending or contemplated against the Officer. No departmental proceeding, enquiry is pending or contemplated against the Staff / Officer. No major or minor penalty has been imposed in the last 10 (ten) years. (In case penalty is imposed, please specify)
- (iii) If the Officer is selected, he / she will be relieved within 30 (Thirty) days of receipt of offer.

Date:.....

(Signature of Competent Authority)
Head of the Department / Organization
(with Seal)