					Applic	ation fo	rmat						_	
												Pass port		
1.	Name and address in Block letters:											size		
2.	Email, Mobile, Fax:										Photograph			
3.	Date of Birth (in Christian era):										1110	tograpn		
4. -	Date of retirement under Central/State Government Rules: Educational Qualification:													
5.			/ C 1	_		.	Dti	-£ 41	t to it a maite of	C. J. I		C. de la set		
S. No.	-			Year of Passing Degree/Diploma		Duration of the Degree/Diploma		University/ Board	Subjects		Subject o specialization			
	Passed/Degree Obtained	and % of marks		.5	Degree/Diplom		course e	•	Board			specialization		
	Obtained					course e	ic.							
	Please state clearl													
7.	Details of the emp			nolog	ical order. Ei	nciose a	separate	sneet, au	ly authenticate	ea by y	our si	gnature, if	tne	
Nama	space below is ins		То	C	la af	Natura	f	14/b a + b a					Dt	
Name	Employer/Or	From	and		ale of pay Nature				• •		lature	of	Dut	
of the	ganization				' '		ntment through				performed (in Brief)			
post				cias	sification			PSC or o	therwise					
				L										
8.	Nature of present				-		-	-						
9.														
	a) The date of initial appointment													
	b) Period of app				-									
	c) Name of the p		_			-	_							
10.	Additional details	about pr	esent em	nploy	ment. Please	state w	hether wo	rking und	er:					
	a) Central Government													
	b) State Government													
	c) Public Sector Undertaking													
	d) Commercial Organization													
11.	11. Please state whether you are working in the same Department and are in the feeder grade in the feeder grade:													
12.	Are you in the rev	ised scal	e of pay?	? If ye	es, give the d	etails in	cluding th	e date fro	m which the re	evision	took	place and a	also	
	indicate the pre-re	evised sc	ale:											
13.	3. Total emolument per month now being drawn:													
14.	14. Additional information, if any, which you would like to mention in support of your suitability for the post. Enclose a													
	separate sheet, if insufficient.													
15.	15. Whether belongs to SC/ST/OBC:													
16.	Additional informa	ation, if a	any:											
										Signat	ure of	the candid	late	
										_				
Certifica	ite to be furnished	by the E	mployer	/Hea	d of the Offic	ce/Forw	arding Au	thority						
Certified	that the particul	ars furni	shed by	Shri/	Smt./Kum				are corre	ect and	d he/sl	he posses	the	
required	l educational qualif	fications	and expe	eriend	ce as given in	the Adv	ertisemer	nt.						
	tified that:													
	There is no vigilan		_											
b)	His/her complete ACR dossier/ACR dossier/ACRs for the last 5 year duly attested (on each page by an officer not below													
	the rank of Under Secretary to the Govt. of India) are enclosed.													
d)	No minor/major penalties have been imposed on him/her during the last 10 years.													
	OR													
	A statement of mi	nor/majo	or penalt	ies in	nposed durin	g the las	st 10 years	is enclose	ed.					
Date:														
Place:														
									gnature					
								N	lame & Design	ation				

With Seal _____