

ANNEXURE

FORMAT OF APPLICATION Advertisement Notice No.01/2020

Affix coloured Passport
size Photograph (Not
more than three
months old)

1.	Post for which applied	:				
2.	Name in full (starting with last name in BLOCK LETTERS leaving one space blank between two parts of name)	:				
3.	Father's / Spouse Name	:				
4. (a)	Date of Birth	:	DATE	MONTH	YEAR	
(b)	Age on closing date	:	DATE	MONTHS	YEAR	
(c)	Date of superannuation from service	:	DATE	MONTHS	YEAR	
5 (a)	Nationality:					
(b)	Religion:					
6.	Whether you belong to (please tick. if yes, attach attested copy of certificate)	:	SC	ST	OBC	PwD UR

7.	Educational Qualifications (In chronological order from matriculation onwards. Enclose a separate sheet, duly authenticated by your signature, if the space below is insufficient)				
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SL. NO.	EXAMINATION PASSED	UNIVERSITY/INSTITUTION /BOARD	YEAR OF PASSING	MAIN SUBJECTS TAKEN	DIV. / CLASS & % OF MARKS

8. **Work Experience:**
(Details in chronological order, starting with the first job)

(Enclose a separate sheet, duly authenticated by your signature, if the space below is insufficient)

SL. NO.	Name of Ministry/ Department/	Period		Total period of each employment in years, months & days	Scale of pay	Nature of duties
		From	To			
9.	Total experience in years:					

10.	Training, if any:			
Sl No.	ORGANIZATION	PERIOD		DETAILS OF TRAINING

11. Present Employment Status:

CENTRAL GOVT.	STATE GOVT.	AUTONOMOUS/ STATUTORY BODY (Central/State)	PUBLIC UNERTAKING	RECOGNISED RESEARCH INSTITUTIONS OR UNIVERSITIES	OTHERS (Provide details)

12. (i) Address for Correspondence
(In BLOCK LETTERS)

(ii) Telephone No. (a) Office:_____

(c) Residence:_____

(d) Mobile No._____

(iii) Email Address._____

13. Nearest Railway Station:

14. Present Pay (Revised/Pre-revised)

(i) Level & Pay Matrix/
Pay Band + Grade Pay
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- (ii) Basic Pay
(Pay in Pay Matrix/
Pay in PB +GP)
- (iii) Other allowances
(excluding HRA)
- (iv) Total Salary
[(ii) + (iii)]

15. Give below the names of two references (they must not be related to you) who are in a position to testify from their personal knowledge as to your fitness for the proposed appointment.

(i) Name with full address with Contact No.:

(iii) Name with full address with Contact No.

16.

(i) Service to which the candidate belongs:

(ii) Complete address of the cadre authority with phone no.

17. Permanent Address :
(in BLOCK LETTERS)

Pin Code:

Telephone No:

Landline (With Code) : _____

Mobile No: _____

Email address: _____

18. Any other information you may wish to add :

19. Details of Enclosures :

20. DECLARATION:-

I do hereby declare that the information furnished is true and complete to the best of my knowledge and belief and nothing has been concealed /distorted therefrom. In case of any of the declaration and/or the documents furnished herewith are found to be wrong or false, my candidature shall be cancelled at any stage of selection process. In the event that any of the declaration and/or the documents furnished herewith are found to be wrong or false is detected/noticed even after my appointment, I hereby agree that my appointment is liable to be terminated without serving any notice upon me.

Place:
Date:

Signature of the candidate

CERTIFICATE
(TO BE GIVEN BY THE HEAD OF ORGANISATION/OFFICE)

1. It is certified that the particulars given in the above application by the applicant are true and correct as per the facts available on records. He/she possess educational qualification and experience mentioned in the vacancy circular.
2. It is also certified that:-
 - (i) no disciplinary/vigilance proceedings are either pending or contemplated against the officer;
 - (ii) that no Major/Minor Penalty has been imposed during last 10 years;
 - (iii) that the integrity of the officer is certified;
 - (iv) that photo copies of his/her ACR/APAR dossiers for the last five years duly attested by an officer of the rank of Under Secretary to the Government of India or above are enclosed; and
 - (v) that the cadre controlling authority has no objection to the consideration of applicant for selection to the post mentioned above. If selected, he/she will be relieved.

Signature of the Head of the Organisation/Office
with Office Seal

Place:
Date: