

**Application for the post of Assistant Advisor (Communications) on
deputation basis in National Disaster Management Authority, New Delhi**

Bio-Data Proforma

1. Post Applied for : _____
2. Name and Address in Block Letters : _____
3. Father's Name : _____
4. Date of Birth(in Christian era) : _____
5. Date of superannuation under
Central/State Government rules : _____
6. Educational Qualification : _____
7. Whether Educational and other Qualifications required for the post are Satisfied (if any
qualification has been treated as equivalent to the prescribed in the rules, state the
authority for the same)

Qualifications/Experience required	Qualifications/Experience possessed by the officer
Essential (1) (2) (3)	
Desirable (1) (2)	

(Add additional sheet if necessary)

8. Please state clearly whether in the light of entries made by you above, you meet the
requirements of the post : _____
- _____

9. Details of Employment, in chronological order. Enclose a separate sheet duly authenticated by your signature, if the space below is insufficient.

Office/ Institution / Organization	Post held	From	To	Scale of pay/Grade Pay /Pay Level and Basic pay	Nature of duties

10. Nature of present employment, ie, Adhoc or temporary or permanent: _____

11. In case of the present employment is held on deputation/contract basis, please state:-

(a) The date of initial appointment : _____

(b) Period of appointment on deputation/Contract :- _____

(c) Name of the parent office/organization to Which you belong : _____

12. Additional details about present employment: _____

Please state whether working under:-

(i) Central Government _____

(ii) Defence Forces : _____

(iii) State Government _____

(iv) Union Territory _____

(v) Central Police Organisations _____

(vi) Police : _____

13. Are you in Revised Scale of Pay as per 7th CPC? If yes, give the date from which the revision took place and also indicate the pre-revised scale: _____

14. Additional information, if any, which you would like to mention in support to your suitability for the post. Enclose a separate sheet, if the space is insufficient: _____

15. Whether belongs to SC/ST: _____

16. Remarks: _____

(Signature of the Candidate)

Date: _____

Address _____

Tel./Mobile No _____

E.mail _____

To be filled up by the cadre controlling authority

Office of _____

F. No. _____

Date: _____

1. The applicant If selected, will be relieved immediately for a period of three years. The lending department may relieve the officer for a lesser period as per their own policy/rules, which should not be less than three years in any case.
2. Certified that the particulars furnished by the officer have been checked from available records and found correct.
3. Certified that the applicant is eligible for the post applied as per conditions mentioned in the circular/advertisement.
4. Integrity of the applicant is certified as 'Beyond Doubt'.
5. No Vigilance case is pending/ contemplated against the Officer.
6. It is certified that no penalty has been imposed on the applicant during the last 10 years (Alternatively, penalty statement during the last 10 years may be enclosed).
7. Attested photocopies of up-to-date ACRs/APARs for the last 5 years are enclosed.

Signature
Name, Designation & Tele of the following officer

(Office Stamp)

Date: _____

Place: _____