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Photograph

PROFORMA FOR SUBMISSION OF APPLICATION

FOR THE POST OF _____

1.	Name of Applicant					
2.	Address in block letters					
3.	Contact No.					
	Landline (with STD Code)					
	Mobile No.					
4.	E- Mail					
5.	Category (Gen/SC/ST/OBC/OTHERS)					
6.	Date of Birth (in Christian era)					
7.	Date of retirement under Central Government Rules					
8.	Educational Qualification (Attach a separate sheet duly attested by you if the space is insufficient).					
Sl. No.	Exam Passed	Year	Subjects offered	Name of Institute	Board/ University	Percentage of marks obtained
9.	Whether other qualifications required for the post are satisfied. (if any qualification has been treated as equivalent to the one prescribed in the rule, state the authority for the same)					
Qualification/Experienced required				Qualification/Experience possessed by the applicant		

10.	Details of employment in Chronological order (attach a separate sheet duly attested by you if the space is insufficient).				
Office/ Instt./ Orgn.	Post held	From	To	Pay Band, Grade Pay and Basic Pay. (in CDA pattern) In case of IDA pattern, equivalent Pay Band and Grade Pay of CDA pattern.	Nature of duties performed / performing
11.	Nature of present employment, i.e. ad-hoc or temporary or permanent				
12.	In case the present employment is held on contract basis, please state:-				
	(a) The date of initial appointment on Contract				
	(b) Period of appointment on Contract with date				
	(c) Name and address of the parent office/ organisation to which you belong				
13.	Additional details about present employment. Please state whether working under:-				
	(a) Central Govt./ State Govts.				
	(b) Autonomous Body of Central Govt. / State Govts., Public Sector Undertakings of Central Govt./ State Govts.				
14.	Total emoluments per month last drawn. (specify whether CDA pattern or IDA pattern or Grade Pay equivalent to CDA pattern)				
15.	Additional information, if any, which you would like to mention in support of your suitability for the post. Enclose a separate sheet, if the space is insufficient.				

* Please submit copy of LPC/ Pay Slip last drawn along with application, PPO in case of Retired Govt. Officers.

I have read the Terms & Conditions of appointment and certify that the above information is true to the best of my knowledge and belief. Further, I am liable to be disqualified if any information given above is found to be incorrect/ incomplete or false.

Date:

Place:

Signature of the Applicant

