ANNEXURE -III

APPLICATION FOR DEPUTATION FOR THE POST OF ASSISTANT DIRECTOR AND JUNIOR TELECOM OFFICER IN USOF, DOT SANCHAR BHAWAN

- 1. Name of post applied for (AD or JTO):
- 2. Name of applicant with complete office: Address, e-mail & Telephone no. With name of Dept./Ministry
- 3. Residential address with phone no.
- 4. Date of Birth (dd/mm/yyyy)
- 5. Post held on regular basis and the date From which held with pay scale :
- 6. Date of retirement under Central/State Govt./PSU rules :
- 7. Education Qualification and work experience

Qualification	SL.	Qualification/Experience Required	Qualification/Experience possessed by the officer
Essential	1		
	2		
Desirable	1		
	2		

- 8. Whether Educational qualifications required
 For the post are satisfied (IF any qualification
 Has been treated as equivalent to the one
 Prescribed in the Rules, state authority for the
 Same)
- 9. Please state clearly whether in the light of entries Made by you above, you meet the requirement of the post :
- 10. Details of employment in chronological order (attach separate duly authenticated by your Signature sheet if required) for last ten years:

S1. No	Name of office/organization where employed	Post held	From	То	Scale of pay/pay band with	duties
					grade pay	

11. Nature of present employment i.e. whether : permanent, temporary, adhoc or quasi permanent

12.In case the present employment is held on: Deputation/contract basis, please state

a) The date of initial appointment :

b) The period of appointment on Deputation/contract

c) Name of the parent office/ Organization to which you being:

13. Present basic pay, scale of pay and total Emoluments drawn per month. :

14. Additional information if any which May support your suitability for the Post

15. Remarks, if any

Date:

Signature of the applicant Mobile No

Annexure-IV

Declaration

II. I am not entitled to absorption asin the Department of Telecommunications and therefore will not resort to lay any claim for the same.

III. I am liable to be repatriated to my parent department/organization for any inaccuracies in the details noted above or contravention of any provision in the rules/order governing deputation.

Place:

Date:

Signature of the Official

Countersigned Signature of the controlling officer with official seal

