Appl					on deputation basi RPR/1193.,Dated 01-0	
1.	Name and add letters	ress in BLOC	K			Affix here recent passport size photograph
2.	Father's Name					
3.	Date of Birth (DD/MM/YYYY)		Y)			
4.	Date of retirement under Central/State Government Rules					
5.	Educational Qualification	i)				
		ii				
		iii)			
		iv)			
6.				uired for the post are e one prescribed in the		
		Req			Possessed by t	he Applicant
	Essential:					
	Desirable:					
7.	Please state clearly whether in the light of entries made by you above, you meet the requirements of the post					

8.		Details of employments (in chronological order) enclose a separate sheet, duly authenticated by your signature if the space below is insufficient.							
	S. No	(working on regular basis in Government) Office/Institute/Organization)	Post Held	Duration of Experience		Total Duration of Experience	Pay-band and Grade pay (Scale of	Nature of	
	110			From	То	Year(s), Month(s), day(s)	Pay if in pre- revised scale of pay)	Duties	
	1.								
	2.								
	3.								
	4.								
	5.								
		Total work experience:		Year(s)		Month(s)		Day(s)	

9.	Nature of present employment (i.e.ad-hoc or	
10	temporary or quasi-permanent or permanent)	
10.	In case 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	
11.	Additional details about present employment	
	please state whether working under: (a)Central	
	Government (b)State Government	
	(c)Autonomous Organization (d)Government	
	undertaking (e)University	
12.	Are you in revised scale of pay? If yes, give the	
	date from which the revision took place and	
	also indicate the pre-revised scale.	
13.	Total emoluments per month now drawn.	
14.	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.	
15.	Whether belongs to SC/ST/OBC (if yes, please	
	specify)	
16.	Contact Numbers & E-mail ID:	
1)	Office	
2)	Residence	
3)	Mobile	
4)	E-mail ID	
17.	If selected, specify the minimum required	
	joining time	
		Candidate's Address:
	Signature of the Candidate	
	5	
Date:		
Coun	tersigned:	
	[Employer/Authorized Officer]	