PROFORMA FOR APPLICATION

						Photo
					5	Signature
1.	Name of the Candidate (in Block letters)	:				
2.	Father's/Husband's Name	:				
3.	(a) Date of Birth in Christian era (in dd/mm/yyyy format)	:				
	(b) Age as on last date for receipt of applications	:	Yo	ears	Months	Days
4.	Permanent Address (with PIN code)	:				
5.	Address for Correspondence (with PIN code)	:				
6.	E-mail address, Phone Numbers (Office, Residence & Mobile) along with Fax Number, if any					
7.	 (a) Religion (b) Whether belonging to SC/ST/OBC, if yes, please specify (c) Whether physically disabled, if yes, please specify 					
	(d) Gender: Male / Female	:				
8.	Details of Educational Qualifications from Matriculation onwards (Enclose a separate sheet, duly authenticated by your signatures, if the space below is insufficient)	:				
	SI. No. (1) Examination passed Year of passing Name of College / Institute		(2)	(3)	(4)	(5)
e. f. 7 r	University / Board Main subjects Total aggregate & percentage of marks obtained, division and memarks, if any Details of experience (in chronological: order). Enclose a separate sheet, duly authenticated by your signatures, if the space below is insufficient					

(1)

(2)

(3)

(4)

(5)

SI. No.

Name of organization

Sta ⁻ Uni	Type of organization (te Govt, Central / St versity or Autonom ers (please specify)	ate PSU or					
C.	Post held and period						
	of tenure with dates						
	(in dd/mm/yyyy format)	To					
d.	Whether permanent / adhoc or temporary of permanent or def contract basis (Pleas	or quasi- outation or e specify)					
e.	Scale of Pay (Plea Grade Pay, if pre- scale)/Level in Pay M current basic pay	revised pay					
f.	Whether scale of pay or IDA pattern or any pattern. Please speci	other DA					
g.	Nature of duties experience required f applied for						
10. Whether Educational and other qualifications required for the post are satisfied. (If any qualification has been treated as equivalent to the one prescribed in the Rules, state the authority for the : same)							
		Qualification Qualification Experience for the	Required	Qualification	ns/Experience	possessed by	the officer
	ential Education dification:						
	irable Education dification:						
Ess	ential Experience:						
Des	irable Experience:						
1	1 In case the presen please state	t employment	is held on o	deputation / co	ontract basis,	:	
appointment appointment appointment		o) Period of appointment on deputation / contact		c) Name of the parent office / organization to which the applicant belongs.		d) Name of the post and pay of the post held in substantive capacity in the parent organization	
Note: In case of officers already on deputation officers should be forwarded by the parent cadre/d clearance, vigilance clearance and Integrity certification.			nt cadre/de	partment alon			

(a) Whether the present pay scale in which you are working in your parent department has been granted under Modified Assured Career Progression Scheme (MACP), Assured Career Progression Scheme, Time Scale, Personal Upgradation, Financial Upgradation, In-situ Upgradation, Non Functional Upgradation, Non-functional Grade, Adhoc-promotion or any other similar scheme of your parent department

Yes / No

	(b) If yes, please specify the sub you along with name of the	. ,	st held by	:		
13	If working or belonging to the Puindicate	:				
	(a) The status of PSU. Whether	Schedule A, B, C, D, etc.		:		
	(b) The Grade in which you are (Whether E-1, E-2, E-3, E-4	:				
	(c) The grades and designations which are below you in the	:				
	(d) The grades and posts along the officers / Executive cadr		oove you in	:		
14 If working in Department, other than specified in Sl. No. 13 above, : please indicate :						
	(a) The designations alongwit below you in the officers / E	:				
	(b) The grades and posts along the officers / Executive cadr the organization level	:				
15	Are you in a revised scale of pay? If yes, give the date from which the revision took place and also indicate the pre-revised scale along with the DA pattern applicable (Please enclose a self-attested copy of the latest pay slip)					
16	Total emoluments per month now drawn:					
-	Basic Pay in the PB / Pay Matrix	Grade Pay / Level in Pay Matrix	Total Emo	oluments		
17	Please indicate the present rate of DA and the date (dd/mm/yyyy : format) from which it is applicable					
18	Age of retirement applicable in parent department :					
19	Your date of retirement in the parent department :					

•	regarding the ACRs / NOC / Vigilance / Discipline of dealing with these matters, please indicate their		
	Name		
21	Additional Information, if any, which would you support of your suitability for the post (Enclose a sauthenticated by your signatures, if the space is instituted).	eparate sheet, duly	:
22	Whether applied for the similar post in NHAI in the please indicate the post applied for, date of adverti interview, if any		:
selecti incorre termin confirm	DECLARAT I also hereby solemnly declare and undertake t and complete to the best of my knowledge are on or even after selection, any of the informatic or misleading, then my candidature / appeated without assigning any reasons there for the candidature and the candidature shall remarked the selection of the candidature and the candidature shall remarked the candidate.	that all information and belief. I undertak ation furnished by roointment / services. Mere submission	e that, if at any stage of ne is found to be false, s will stand cancelled / of application does not
Date : Place:			

20 Contact details of the officer(s) in personnel / HR / Admn. Deptt. who could be contacted