

Interested and eligible candidates may apply in the format indicated below:-

APPLICATION FOR THE POST OF _____

Photo

Signature

1. Mode of recruitment [please specify] : _____
2. Name of the Candidate (in Block letters) : _____
3. Father's/Husband's Name : _____
4. (a) Date of Birth in Christian era (in dd/mm/yyyy format) : _____
(b) Age as on last date for receipt of applications : Years Months..... Days
5. Permanent Address (with PIN code) : _____

6. Address for Correspondence (with PIN code) : _____

7. E-mail address, Phone Numbers (Office, Residence & Mobile) along with Fax Number, if any : _____

8. (a) Religion : _____
(b) Whether belonging to Minority Community, if yes, please specify : _____
(c) Whether belonging to SC/ST/OBC, if yes, please specify : _____
(d) Whether physically disabled, if yes, please specify : _____
(e) Gender: Male / Female : _____
9. Details of Educational Qualifications from Matriculation onwards (Enclose a separate

sheet, duly authenticated by your :
signatures, if the space below is
insufficient)

Sl. No.	(1)	(2)	(3)	(4)	(5)
a. Examination passed					
b. Year of passing					
c. Name of College / Institute					
d. University / Board					
e. Main subjects					
f. Total aggregate & percentage of marks obtained, division and remarks, if any					

10. Details of experience (in chronological order). :
Enclose a separate sheet, duly authenticated by
your signatures, if the space below is insufficient

Sl. No.	(1)	(2)	(3)	(4)	(5)
a. Name of organization					
b. Post held with dates (in dd/mm/yyyy format)					
c. Whether working on permanent / regular or adhoc, temporary, quasi-permanent or deputation or contract basis					
d. If worked on deputation basis, please indicate the post and pay scale held on regular / substantive basis in the parent department					
e. Period of tenure with dates (in dd/mm/yyyy format)	From				
	To				
f. Brief description of duties					
g. Scale of pay and current basic pay (In case the pay scale under CDA pattern has been revised after the 6 th CPC recommendations, please clearly indicate the Pay Band and the Grade Pay)					
h. Whether scale of pay is on CDA or IDA pattern or any other DA pattern. Please specify					
i. Details of experience in the relevant field (with dates in dd/mm/yyyy format)					

11. 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)

: _____

	Qualifications/ Experience Required for the post	Qualifications/Experience possessed by the officer
Essential Education Qualification:		
Desirable Education Qualification:		
Essential Experience:		
Desirable Experience:		

12. Please state clearly whether in the light of entries made by you above, you meet the requirements of the post

: _____

13. Nature of present employment (i.e. permanent / regular or adhoc, temporary, quasi-permanent or deputation or contract basis)

: _____

14. In case the present employment is held on deputation / contract basis, please state

:

- (a) The date of initial appointment on deputation / contract basis

: _____

- (b) Period of appointment on deputation / contract

: _____

- (c) Name and address of the parent organization to which you belong

: _____

- (d) Whether the parent department is (Please indicate the name against the relevant column)

:

- (a) Central Government

: _____

- (b) State Government

: _____

- (c) Central / State Government Public Sector Undertaking

: _____

- (d) Central / State University

: _____

- (e) Central / State Autonomous Body

: _____

- (f) Others, please specify

: _____

- (e) Name of the post and pay scale with DA pattern held by you on regular / substantive basis in the parent department. Date (in dd/mm/yyyy format) from when such post held may also be indicated (In case the pay scale under CDA pattern has been revised after the 6th CPC recommendations, please clearly indicate the Pay Band and the Grade Pay)

: _____

15. Additional details about present employment.

Please state whether working under (indicate the name and address of the organization against the relevant column)

- | | | |
|--|---|-------|
| | : | |
| (a) Central Government | : | _____ |
| (b) State Government | : | _____ |
| (c) Central / State Government Public Sector Undertaking | : | _____ |
| (d) Central / State University | : | _____ |
| (e) Central / State Autonomous Body | : | _____ |
| (f) Others, please specify | : | _____ |

16. (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 substantive pay scale of the post held by you along with name of the post : _____

17. If working or belonging to the Public Sector Undertaking please indicate :

- | | | |
|--|---|-------|
| (a) The status of PSU. Whether Schedule A, B, C, D, etc. | : | _____ |
| (b) The Grade in which you are working along with the pay scale (Whether E-1, E-2, E-3, E-4, E-5, E-6, E-7, E-8, or E-9, etc.) | : | _____ |
| (c) The grades and designations alongwith pay scales of the posts which are below you in the officers / Executive cadre | : | _____ |
| (d) The grades and posts alongwith pay scales which are above you in the officers / Executive cadre upto the Board level | : | _____ |

18. If working in Department, other than specified in Sl. No. 17 above, please indicate :

- | | | |
|--|---|-------|
| (a) The designations alongwith pay scales of the posts which are below you in the officers / Executive cadre | : | _____ |
|--|---|-------|

- (b) The grades and posts alongwith pay scales

which are above you in the officers /
Executive cadre upto top management level
/ head of the organization level

:

19. 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

:

20. Total emoluments per month drawn **(Please indicate the detailed break-up and also enclose a self-attested copy of the latest pay slip)**

:

21. Please indicate the present rate of DA and the date (in dd/mm/yyyy format) from which it is applicable

:

22. Age of retirement applicable in parent Department

:

23. Your date of retirement in the parent department

:

24. Contact details of the officer(s) in personnel / HR / Admn. Deptt. who could be contacted regarding the ACRs / NOC / Vigilance / Discipline clearance, etc. **(if there are different officers dealing with these matters, please indicate their complete details, separately)**

Name : _____

Designation : _____

Address (with PIN code) : _____

Tel.No./ Fax No.: _____

E-mail ID: _____

Website : _____

25. Details of computer knowledge: Language(s) known and application software used

:

26. Additional information, if any, which you would like to mention in support of your suitability for the post (This among other things may provide information with regard to (i) additional academic qualifications, (ii) professional training, (iii) work experience over and above prescribed in the vacancy circular / advertisement) [Enclose a separate sheet, duly authenticated by your signatures, if the space is insufficient]

:

27. Remarks (The candidate may indicate information with regard to (i) Research publications and reports and special projects, (ii) Awards /scholarship / official appreciation, (iii) Affiliation with the professional bodies / institutions / societies, and (vi) Any other relevant information) [Enclose a separate sheet, duly authenticated by your signatures, if the space is insufficient]

:

28. Languages known (Read, write, speak and understand)

:

29. Whether applied for the similar post in NHA in the last one year, if so, please indicate the post applied for, date of advertisement and date of interview, if any : _____

30. Details of earlier service in NHA : _____

S.No.	Name of post	Nature of employment (Deputation/ Regular/ Contract)	Tenure / period with dates in dd/mm/yyyy format		Scale of pay	Place(s) of posting	Nature of duties/ work(s) handled
			From	To			

DECLARATION

I have carefully gone through the vacancy circular / advertisement and I am well aware that the Application Form / Curriculum Vitae duly supported by documents submitted by me will also be assessed by the Selection Committee at the time of selection for the post.

I also hereby solemnly declare and undertake that all information furnished by me is true, correct and complete to the best of my knowledge and belief. I undertake that, if at any stage of selection or even after selection, any of the information furnished by me is found to be false, incorrect or misleading, then my candidature / appointment / services will stand cancelled / terminated without assigning any reasons there for.

Date : _____

Signature : _____

Place: _____

Name : _____

VERIFICATION

(To be completed by the parent department)

It is certified that the particulars given by the candidate in his/her application, regarding the details of educational qualification, relevant experience and pay particulars, etc. have been verified from the service records and are true, correct and complete. In case of selection, it is confirmed that the officer shall be relieved within the time frame stipulated by NHA.

2. **Integrity Certificate:** It is certified that integrity of the officer is beyond doubt.

3. **Vigilance / Disciplinary Clearance Certificate:** Certified that no vigilance case or disciplinary proceedings or criminal proceedings are either pending or contemplated against the officer.

4. **No Penalty Certificate:** Certified that no minor or major penalty has been imposed on the officer during the last ten years OR list of major / minor penalties imposed on the officer during the last 10 years is as under: -

Sl. No.	Nature of penalty (Major / Minor)	Type of Penalty	Date of imposition of penalty	Period of currency of penalty alongwith date until the penalty is valid	Remarks, if any

Date : _____

Signature : _____

Place : _____

Name : _____

Designation : _____

Address : _____

Tel. No. _____
Official seal : _____