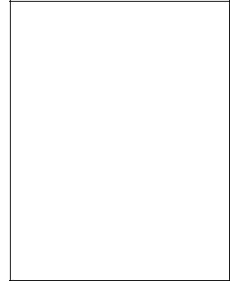


APPLICATION FOR THE POST OF :- Administrative Officer (on Deputation)



1. Name (in BLOCK letters) _____
2. Father's/Husband's Name _____
3. (i) Date of birth(DD/MM/YYYY) ___ / ___ / _____
(ii) Age as on last date of receipt of application ___ Years ___ Months
4. Marital status :- _____
5. Category (Gen / SC/ST/OBC/PWD/Ex Service Man) :- _____
6. Nationality :- _____
7. Permanent Address _____
8. Address for Correspondence _____

Mobile No: _____ Ph. No. _____ E-Mail _____

9. Educational Qualifications:

Sl. No.	Examination passed	Name of Board/ University	Year	Division/ Aggregate Marks %	Subjects
1					
2					
3					
4					
5					

Professional Qualifications

Sl. No.	Examination passed	Name of Board/ University	Year	Division/ Aggregate Marks %	Subjects

10. Details of employment in Chronological Order

Sl. No.	Office/Institution/ Organisation with address	Nature of Organisation	Post Held	Period		Pay Band, Scale of pay & Grade Pay (Present Basic Pay)
				From	To	

11. Participation in Extra-curricular activities.

12. Additional information:, if any_

13. List of enclosures to the application.

Signature of Applicant

CERTIFICATE

(To be filled by the authority forwarding the application)

1. Certified that the particulars furnished by the candidate have been checked from available records and found correct.
2. Certified that it has been verified that the candidate is eligible as per the conditions mentioned above.
3. No vigilance case is either pending or being contemplated against the candidate during last 5 years/ services whichever is less. There is nothing in ACR dossier of the candidate which makes him/her ineligible for consideration for appointment for the post of applied for.
4. Upto date ACR dossier of the candidate is enclosed.

Signature
Name & Designation (with Seal)
Office Address:
Telephone No.