Application Form (For Deputation Posts)

1.	Name a	nd Address in Block letters	3		
2.	Date of Birth				
3.	3. Date of Retirement				
4.	. Educational Qualifications				
5. Whether Educational Qualifications and other qualifications required for the post are satisfied.					
			Qualifications/ Experience required	Qualifications/ Experience possessed by the Officer	
Es	sential	(1)			
De	sired	(1)			
6. Please state clearly whether in the light of entries made by you above. you meet the requirement of the post.					
7.		of Employment. In chronolog signature, if the space below	gical order Enclose a separate is insufficient.	e sheet, duly authenticated	
Of	ffice/Instt Orgn.	/ Post Held From		of Pay Nature of duties	
8.	Nature o	f present employment, i.e, ad	hoc or temporary or permane	nt	

9. In case the present employm	ent is held on deputation/contract basis, please state -			
(a) The date of initial appointment	ent –			
(b) Period of appointment on deputation/contract –				
(c) Name of the present office/organization to which you belong –				
10. Additional details about present employment				
Please state whether working un	nder			
(a) Central Government				
(b) State Government				
(c) Autonomous Organization				
(d) Government Undertakings				
(e) Universities				
 12. Total emoluments per month now drawn 13. Additional information, if any which you should like to mention in support of your suitabilities. 				
for the post. Enclose a separ	rate sheet, if the space is insufficient.			
14. Whether belongs to SC/ST				
	Signature of the Candidate			
Date	Address			
Countersigned				
(Employer)				