

BIO-DATA/PROFORMA FOR SUBMISSION OF APPLICATION ON DEPUTATION

FOR THE POST OF

1.	Name of Applicant					
2.	Address in Block Letters					
3.	Contact No.	Landline (with STD Code) Mobile No.				
4.	E-Mail					
5.	Category					
6.	Date of Birth (in Christian era)					
7.	Date of Retirement under Central Government Rules					
8.	Educational Qualification (in case of insufficient space, please attach separate sheet duly signed by the applicant)					
S. No.	Exam Passed	Year	Subjects Offered	Name of Institute	Board/University	% age of marks
9.	Whether other qualifications required for the post are satisfied. (If any qualification has been treated as equivalent to the one prescribed in the rule, state the authority for the same.)					
<u>Qualification/Experienced required</u>			<u>Qualification/ Experienced possessed by</u>			

10.	Details of employment in Chronological order (in case of insufficient space, please attach separate sheet duly signed by the applicant.)				
Office/ Instt./ Orgn.	Post Held	From	To	Scale of Pay/Pay Band & Grade Pay and basic pay. (in CDA/IDA Pattern)	Nature of Duties.
11.	Nature of present employment, i.e. Adhoc or Temporary or Permanent				
12.	In case the present employment is held on Deputation/Contract basis, please state:-				
	(a) The date of initial appointment on Deputation/Contract				
	(b) Period of appointment on Deputation/Contract				
	(c) Name and address of the parent Office/Organisation to which applicant belongs.				
13.	Additional details about present employment. Please state whether working under;				
	(a) Central Government				
	(b) Autonomous Body				
14.	Gross monthly emoluments drawn with grade pay (Please provide details thereof) (Also specify whether CDA pattern or IDA pattern or grade pay equivalent to CDA pattern)				
15.	Additional information, if any, which applicant would like to give in support of his/her suitability for the post. (in case of insufficient space, please attach separate sheet duly signed by the applicant)				

I have read the terms and conditions of appointment and certify that the above information is true to the best of my knowledge and belief. Further, I am liable to be disqualified even after my appointment at NCW, in case any information given above is found to be incorrect/incomplete or false/forged.

Date:

Place:

Signature of the Applicant.

CERTIFICATE BY THE EMPLOYER, when applying on Deputation basis

- i. Certified that Shri _____ holds a permanent post of _____ Under the _____ since _____.
- ii. The integrity of Shri _____ is beyond doubt.
- iii. He has submitted his application to the office on _____ and his pay Band is _____ having Grade Pay of Rs. _____ in the parent office.
- iv. This office has no objection in case the application of Shri _____ is considered for appointment for Deputation for the post of _____ at the NCW. Further, it is certified that Shri _____ shall be relieved immediately in case of his/her selection in NCW at the post applied for.
- v. The information given by Shri _____ in the application Performa have been verified with reference to his/her service records and found correct.
- vi. No Vigilance or disciplinary case is pending or contemplated against the official concerned during the last 10 years.
- vii. Up-to date ACR/APAR dossier of the concerned official for the last five year i.e. period 2010-2011 to 2014-2015 are enclosed here with.

Date:

Place:

Signature

Head of office/Department

With official Seal