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Photograph

**PROFORMA FOR SUBMISSION OF APPLICATION  
FOR THE POST OF DEPUTY GENERAL MANAGER (T/P)**

1.	Name of Applicant		
2.	Address in block letters		
3.	Contact No.	Landline (with STD Code) .....	
		Mobile No. ....	
4.	E- Mail		
5.	Category (Gen/SC/ST/OBC/OTHERS)		
6.	Date of Birth (in Christian era)		
7.	Date of retirement under Central Government Rules		
8.	Educational Qualification (Attach a separate sheet duly attested by you if the space is insufficient).		
Sl. No.	Exam Passed	Year	Subjects offered
			Name of Institute
			Board/ University
			Percentage of marks obtained
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)		
Qualification/Experienced required		Qualification/Experience possessed by the applicant	

10.	Details of employment in Chronological order attach a separate sheet duly attest by you if the space is insufficient.				
Office/ Instt./ Orgn.	Post held	From	To	Pay Band, Grade Pay and Basic Pay. (in CDA pattern) In case of IDA pattern, equivalent Pay Band and Grade Pay of CDA pattern	Nature of duties performed / performing
11.	Nature of present employment, i.e. ad-hoc 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 with date				
	(c) Name and address of the parent office/ organisation to which you belong/retired from.				
13.	Additional details about present employment. Please state whether working under:-				
	(a) Central Government				
	(b) Autonomous body				
14.	Total emoluments per month last drawn. (specify whether CDA pattern or IDA pattern or Grade Pay equivalent to CDA pattern)				
15.	Additional information, if any, which you would like to mention in support of your suitability for the post. Enclose a separate sheet, if the space is insufficient.				

\* Please submit copy of LPC/ Pay Slip last drawn along with application, PPO in case of Retired Govt. Officers.

I have read the Terms & 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 if any information given above is found to be incorrect/ incomplete or false.

Date:

Place:

Signature of the Applicant

CERTIFICATE BY THE EMPLOYER, if applying on Deputation basis

- (i) Certificate that Sh. \_\_\_\_\_ holds a permanent post of \_\_\_\_\_ in the O/o \_\_\_\_\_ since \_\_\_\_\_.
- (ii) The integrity of Sh. \_\_\_\_\_ is beyond doubt.
- (iii) He has submitted his application to this office on \_\_\_\_\_ and his Pay Band + Grade Pay in the parent office is \_\_\_\_\_.
- (iv) This office has No Objection in case the application of Sh. \_\_\_\_\_ is considered for appointment for Deputation for the post of \_\_\_\_\_ in the NHIDCL. Further, it is certified that Sh. \_\_\_\_\_ shall be relieved immediately in case of his/her selection in NHIDCL.
- (v) The information given by Sh. \_\_\_\_\_ in the application proforma has 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 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 2015-2016 are enclosed herewith.

Date:

Place:

Signature  
Head of Office/Department  
With Official Seal