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Photograph

BIO-DATA/PROFORMA FOR SUBMISSION OF APPLICATION

FOR THE POST OF _____

1.	Name of the 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.	(i) Date of entry into Govt. Service					
	(ii) Date of entry into Group 'A' Service of Govt.					
	(ii) Date of retirement under Central/ State 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 educational and 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) (Attach a separate sheet duly authenticated by your signature if the space below is insufficient).				
Qualification/Experienced required as per the Vacancy circular			Qualification/Experience possessed by the Applicant		
<u>Essential</u> (A) Qualification			<u>Essential</u> (A) Qualification		
(B) Experience			(B) Experience		
10.	Details of employment in Chronological order (attach a separate sheet duly authenticated by your signature if the space below is insufficient).				
Name of the Office/ Instt./ Orgn.	Post held (Indicate either on regular basis or on deputation/ Contract)	From	To	Level in Pay Matrix or equivalent Pay Scale/ Grade Pay (in CDA pattern) In case of State Pay Scales/ IDA Pay Scales, equivalent Pay Scales (Band Pay & Grade Pay etc.) 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) Date of initial appointment on Deputation/ Contract				
	(b) Period of appointment on Deputation/Contract with date.				
	(c) Name and address of the Parent Office/ Organization to which you belong/ retired from.				

13.	Additional details about present employment. Please state whether working under:-	
	(a) Central Govt./ State Govts.	
	(b) Autonomous Body of Central Govt. / State Govts., Public Sector Undertakings of Central Govt./ State Govts.	
14.	Pay Scales and Total emoluments per month last drawn. (Please enclose latest Salary Slip issued by your Organization, PPO in case of retired Govt. Officers)	Pay Scale/ Pay Level: Basic Pay: CDA or IDA Pay:
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.	

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 _____. He is eligible for the post applied as per conditions mentioned in the Circular / Advertisement.
- (ii) The integrity of the Officer is beyond doubt.
- (iii) He has submitted his application to this office on _____ and his Level of Pay in the Pay Matrix/ Pay Band + Grade Pay in the Parent office on Regular basis (in CDA or IDA pattern) is _____.
- (iv) This office has No Objection in case the application of Sh. _____ is considered for appointment on Deputation for the post of _____ in the NHIDCL. Further, it is certified that the applicant shall be relieved immediately in case of his/her selection in NHIDCL.
- (v) Certified that the particulars furnished by Sh. _____ in the application proforma 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 last 10 years.
- (vii) Up-to date ACR/APAR dossier of the concerned official for the last five years i.e. for the period from 2014-2015 to 2018-2019 are enclosed herewith.

Date:

Place:

Signature
Head of Office/Department
With Official Seal