

Annexure-I

Proforma of Application for the post of _____ (name of the post) to be filled up on Deputation Basis in the Office of the National Commission for Minority Educational Institutions, 1st floor, Jeevan Tara Building, 5, Sansad Marg, New Delhi (a Statutory Body created under an Act of Parliament)

1.	Name (in Capital Letters)	
2.	Correspondence address	
3.	Date of Birth (in Christian Era)	
4.	Date of retirement under Central Govt. Rules	
5.	Educational Qualifications (Starting from highest qualification to lowest. Enclose a separate sheet, duly authenticated by your signature, if the space below is insufficient)	
6.	Do you hold analogous post on regular basis in the parent cadre or department/Ministry	
7.	Have you rendered the required number of years of service in the grade rendered after appointment thereto on regular basis in the relevant Pay Band along with Grade Pay or equivalent in the parent cadre or department;	
8.	Do you possess eligibility conditions as indicated in Column (E) of the vacancy circular for the post for which you are applying (Please answer in "Yes" or "No" as applicable):	
	i. Senior Principal Private Secretary	Yes / No
	ii. Assistant	Yes / No
	iii. Private Secretary	Yes / No
	iv. Personal Assistant	Yes / No
	v. Accountant	Yes / No
	vi. Librarian	Yes / No
	vii. Urdu Translator	Yes / No
	viii. Stenographer Grade-D	Yes / No
	ix. Reader/Upper Division Clerk	Yes / No
	x. Lower Division Clerk	Yes / No
	xi. Multi Tasking Staff	Yes / No
9.	Details of employment, in chronological order (Starting from entry in Central Government service). Enclose a separate sheet, duly authenticated by your signature, if the space below is insufficient.	

Office/ Organization	Post held with scale of pay	Period of service		Nature of appoint- ment (Regular/ Ad-hoc/ Deputa- tion	Basic Pay (revised)			Nature of appointment whether regular/ad- hoc/deputation
		From	To		Pay in PB	G.P.	Basic pay	
1	2	3	4	5	6	7	8	9
10	Nature of present employment, i.e ad-hoc or temporary or permanent							
11	In case the present employment is held on deputation, please state							
	(a) The date of initial appointment (b) Period of appointment on deputation (c) Name of parent office/Organization to which you belong							
12	Are you in revised scale of pay? If yes, give the date from which the revision took place and also indicate the pre-revised scale							
	Date	Pay scale (pre-revised)	Basic pay (pre-revised)	Date of revision of pay	Revised scale of pay and Pay Level	Revised basic pay		
13	Total emoluments drawn per month as on the date of applying against this Vacancy Circular							
14	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)							
15	Full postal address including PIN Code Number of the Forwarding Authority with name, telephone number and E-mail Address of the Forwarding Authority							
16	Whether belongs to SC/ST							
17	Remarks, if any							
Signature of the Candidate								
Name of the Candidate								
Complete Office Address								
E-mail address of the candidate								
Telephone Number / Fax No. of Candidate								
Mobile Number of Candidate								

Date:
Place:

Annexure-II

(Certificate To Be Furnished by the Employer/Head of Office/Forwarding Authority)

Certified that the particulars furnished by Shri/Smt./Ms. _____ are correct and he/she possesses educational qualifications and experience mentioned in the vacancy circular.

2. Also Certified that:-

- i. There is no vigilance or disciplinary case pending or contemplated against Shri/Smt./Ms. _____.
- ii. His/Her integrity is certified.
- iii. The Photocopies for the last five years (2014-15 to 2018-19) duly attested by an officer of the rank of Under Secretary to the Govt. of India or above, are enclosed
- iv. * No major/minor penalty has been imposed on him/her during the last ten years.
- v. * A list of major/minor penalties imposed on him/her during the last ten years is enclosed.

(* Strike out which is not applicable).

Signature of the Forwarding Authority

Name and Designation

Official Seal

Complete Office Address

E-mail address of the Forwarding Authority

Telephone Number / Fax No. of the Forwarding Authority

Date:

Place:

List of enclosures:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.