

PARLIAMENT OF INDIA
LOK SABHA SECRETARIAT
(ADMINISTRATION BRANCH-I)

APPLICATION FORMAT

[For filling up of the post of Secretariat Assistant on deputation basis]

*Affix recent
attested passport
size photograph*

1. Name (in Block Letters) : _____

2. Father's/Husband's Name : _____

3. Mother's Name : _____

4. Nationality : _____

5. Address

(a) For communication : _____

(b) Permanent : _____

6. Present office address : _____

Telephone/Mobile No. : _____ e-mail: _____

7. (a) Date of Birth : _____

(b) Age as on the last date of receipt of application: ____ (years) ____ (months) ____ (days)

12. Any other relevant information : _____
(please attach separate sheet, _____
if required) _____

13. **DECLARATION :**

I declare that I fulfil the eligibility conditions as per the Advertisement No.1/2020/AN-I and that all the statements made in this application are true, complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect at any stage or not satisfying the eligibility conditions according to the requirements mentioned in the said Advertisement, my candidature/appointment is liable to be cancelled/terminated.

Signature of the candidate

Place:

Date:

VIGILANCE AND INTEGRITY CERTIFICATE

(To be given by the Head of Office of the applicant)

1. It is certified that the particulars furnished by the applicant are correct. She/he possesses the requisite 02 (two) years experience in performing duties which are of Clerical/Data Entry in nature and this has been certified in the enclosed proforma.
2. It is certified that no disciplinary/vigilance case is pending against the applicant and she/he is clear from the vigilance angle.
3. Her/his integrity is certified.
4. It is certified that no minor/major penalties have been imposed on the applicant during the last ten years or during the period of her/his service, whichever is more.
5. Copies of Annual Confidential Reports (ACRs)/Annual Performance Appraisal Reports (APARs) for the last 02 (two) years or upto 05 (five) years, whichever is more, are enclosed.
6. It is certified that in the event of selection, the officer will be relieved of her/his duties immediately and she/he shall not be allowed to withdraw the candidature.

Signature of the forwarding authority

Name: _____

Designation: _____

Note:

Application form not accompanied by complete and up-to-date attested copies (on each page) of ACRs/APARs for the last 02 (two) years or upto 05 (five) years, whichever is more, alongwith Vigilance and Integrity Certificate and Experience Certificate (enclosed Proforma) will be summarily rejected and no correspondence relating thereto will be entertained.

Proforma

EXPERIENCE CERTIFICATE

This is to certify that Ms./Smt./Shri _____ (Name of the Candidate) Designation _____ is working in _____ (Name of the Organization).

2. During her/his service in _____ (Name of the Organization) she/he gained experience in performing duties which are of '**Clerical/Data Entry**'.

PLACE: _____

Date: _____

(SIGNATURE OF THE COMPETENT ISSUING AUTHORITY)

Name: _____

Designation: _____

Office Name, Address and Official Stamp/Seal: _____
