FORMAT OF APPLICATION

1.	Post applie	Post applied for deputation :							
2.		Name in full (Block Letters) :							
3.		Father's / Spouse Name : colored Passport Siz							
4.		Date of Birth (dd/mm/yyyy): Photograph							
5.		Age as on closing date :							
6.	Category:	Category:							
7.	Educationa	Educational/ Technical qualifications: (In chronological order from							
matriculation onwards).									
S. No.	Name of Course/ Exams passed	University/ Institution/ Board	Duration of the Course	Year of Passing	Main Subjects taken	Subject	sation	Div/ Class & % of Marks	

8. Service Details:

						·
S.	Name of the	Post/	Pay Level of	Period	Total	Nature of duties
No.	ministry/	Designation	the matrix	(from	period	
	department/		attached to	- to)	of	
	office		the post on		service	
			substantive			
			basis not by			
			ACP/ MACP/			
			time bound			
			basis			
			54015			
						-

9.	Any other information (if any):			
10.	Detail of Enclosures:			
10.				
11.	Declaration:			
distor inforr	I Mr./Mrs./Ms			
Place				
Date:				
	(Signature of Candidate)			
	(FOR USE OF FORWARDING OFFICE)			
the re	It is certified that the details given by the applicant as above are correct as per ecords.			
	(Signature of the forwarding Officer)			
	Name:			
	Designation:			
	Seal of the Office:			
	ocar or the office, manning ma			