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BIO-DATA/PROFORMA FOR SUBMISSION OF APPLICATION

FOR	THE	POST	OF	
1 01	1111	1 031	Oi	

1.	Name of A	pplicant				
2.	Address in	block le	etters			
	g.					
3.	Contact No	0.		Landling (wi	th STD Code)	
				50	8	
				Mobile No.		
4.	E- Mail					
5.	Category (Gen/SC/	ST/OBC/OTHERS)		-
6.	Date of Bir	th (in Cl	hristian era)			
7.	(i) Date of					
			ry into Group 'A	۸'		
	Service of					
			retirement under vernment Rules	er		
8.	Educationa space is in			separate shee	et duly attested by	you if the
Sl. No.	Exam Passed	Year	Subjects offered	Name of Institute	Board/ University	Percentage of marks obtained
	9					
1						

9.	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						re if the space	
Ouglif		elow is insuft				Ovalification/Evacrience	assessed by the	
Qualification/Experienced required as per the Vacancy circular					Qualification/Experience possessed by the Applicant			
Essen						Essential		
(A) Qu	ıali	fication				(A) Qualification		
(B) Experience					(B) Experience			
<u>Desirable</u> (A) Qualification					Desirable (A) Qualification			
(B) Ex	per	ience				(B) Experience		
10.						gical order (attach a separat the space below is insufficie		
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.			
							ie ^d	
11. Nature of present employment, i.e. ad-hoc or temporary or permanent								
12.	on sta	case the pres Deputation/ ate:-	Contrac	t basis,	please			
) Date of putation/ Co		appoint	ment	on		

	(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 SectorUndertakings of Central Govt./ State Govts.	
14.	Pay Scales and Total emoluments per month last drawn. (specify whether CDA pattern or IDA pattern and Level of Pay in Pay Matrix equivalent to CDA pattern) (Please enclose latest Salary Slip issued by your Organization, PPO in case of retired Govt. Officers)	
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.

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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 He is eligible for the post applied as per conditions mentioned in the Circular / Advertisement.
	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 for 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
200	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.
(v.;;)	Up to date ACD/ADAD descior of the concerned official for the last five years in
(vii)	Up-to date ACR/APAR dossier of the concerned official for the last five years i.e. period 2013-2014 to 2017-2018 are enclosed herewith.
	period 2013 2011 to 2017 2010 are enerosed here.
Date:	
Date.	
Place:	
	Signature
	Head of Office/Department
	With Official Seal