Format for submission of Application (Annex-I)

APPLICATION FOR DEPUTATION TO THE POST OF _____IN

1.	Name	
2.	Date of Birth/ Age	
3.	Nationality	
4.	Male/Female	
5.	Marital Status	
6.	Residential Address	
	Charles to the charles the control of the charles the	
7.	Office Address	
8.	Post held at present	
9.	Date from which present post held	
10.	Nature of appointment i.e whether Adhoc or	
	Regular	
11.	Whether employee of Central Govt/State	
	Govt/PSU/ Autonomous body	
12.	Present Pay and Scale of Pay.	
13.	Educational Qualification starting with	
	Graduation (proof of qualification to be	
	enclosed)	
1.4	YYY 1 ' 1 ' 1 ' 1 ' 1 ' 1	
14.	Work experience and service details (for last	
	10 years) in descending order i.e latest to	
	past with designation. (Proof of experience to be enclosed)	
	be enclosed)	
15.	No. of years of experience and designation in	
15.	Level-14	
	Bever-14	
16.	Nature of duties performed.	
10.	nature of added performed.	
17	One page write-up indicating why the	Enclosed - Yes/No.
	applicant considers oneself suitable for this	To be emailed in case of advance
	post.	applications.
18.	Additional information,	
	if any	
19.	Declaration: I hereby solemnly declare that a	all the statements made in the above
	application, are true and correct to the best of	f my knowledge and belief.
	11	
	Date:	
	Place:	Signature of the Applicant

PS: Applicants are requested to attach separate sheet wherever necessary for furnishing required information.

PROFORMA FOR SEEKING CADRE CLEARANCE (ANNEX-II)

[to be filled/signed with seal by HR/Personnel or competent authority]

-		Personnel or competent authority
1	Name of the officer	
2	Date of birth/age	
3	Pay scale as per 7CPC	
4	Basic pay	
5	(a) Present post held	
	(b) Whether Regular/Ad hoc	
6	Whether completed probation	
	(indicate yes/no)	
7	The post applied for	
8	Pay scale of the post applied for	
9	Whether the officer has satisfied the eligibility conditions of the post applied for.	
10	Whether the officer is presently holding an ex-cadre post (indicate yes/no). if yes, give particulars of the post.	
11	Whether the officer has 3 years' experience in Level 14	
12	Whether the officer has completed the cooling off period after reversion from an ex-cadre post- (indicated yes/no)	
13	Contact Nos. of the officer & email ID	
14	Date of superannuation .	
15	Whether any disciplinary case is pending or contemplated against the officer (indicate yes/no) if yes, the stage and reasons for recommendations by the cadre	
16	Whether the officer has been deputed earlier. If yes, give specific grade wise details of post held, organisation deputed to and period thereof.	
17	Applicant, if selected, will be relieved within 15 days from the date of offer letter.	
18	Any other relevant information/ remarks	•

It is certified that relieving of the officer recommended for cadre clearance will not cause any administrative inconvenience as far as the management of the cadre is concerned.

(Signature)
Name:
Designation & Seal:
Date

(CERTIFICATE TO BE FURNISHED BY THE EMPLOYER/HEAD OF OFFICE/ FORWARDING/COMPETENT AUTHORITY)

 Certified that the particulars furnished by		
2. Also certified that:-		
a. There is no vigilance or disciplinary case pending/contemplated against Shri/Smt/Kum		
b. His/Her integrity is certified.		
 c. His/Her Confidential Report Dossier in original/photocopies of the ACRs for the last 5 years duly attested by competent authority of above are enclosed. d. *No major/minor penalty has been imposed on him/her during the last 10 years. A list of major/minor penalties imposed on him/her during the last 10 years is enclosed*. e. The applicant, if selected will be relieved within 15 days from the date of offer letter. 		
		Signature
Designation		
Office Seal with Contact No		
Place:		
Date:		
List of enclosures		

*Strike our which is not applicable.

ANNEX-IV

DECLARATION

1. I hereby declare that my posting as in C-DOT is purely on temporary basis and shall not have any right to claim for seniority in the said post in respect of service rendered by me on Deputation Basis.	1.
2. If I am not entitled to absorption as in C-DOT, I will not resort to lay any claim for the same.	2.
3. I am liable to be repatriated to my parent department/ organization for any inaccuracies in the details noted above or for contravention of any provisions in the rules/orders governing deputation.	3.
Place:	Place:
Date:	Date:
. Signature of the Official:	
Counter Signature of the Competent Authority with seal	