## <u>APPLICATION FORM</u> Application for the Post of Assistant Director (Accounts) on Deputation

	of the Applicant: in Bold and Bloc			
2. Father	/Husband's Nam	ne:		
3. Date o	f Birth and Age:			
4. Reside	ential Address:			
5. Telephone No.		(O)(R)		
		(M)		
6. E-mail				
7. Nation	ality			
8. Educa	tional Qualification	ons(Starting from	Secondary/Metric Examin	ation):
SI. No.	Examination Passed	Year of Passing	Subject	Percentage of Marks
9. Rank/0	Grading and yea	r of passing of Qu	alifying JAO/SAS examina	ation:

11. Details of present	post held			
a) Designation	of the Post:			
b) Scale of Pay	and present p	ay Drawn:		
c) Date of Appo	ointment:			
d) Nature of ap	pointment of th	e post:(Regula	r/ Ad hoc/ officiating/c	contract)
e) Name of the				
address and te	lephone no.		Scale of Pay &	
address and te	lephone no.			
address and te	lephone no.	Period	Scale of Pay &	Nature of

14. Knowledge of working on computer:						
15. Salary certificate of last month if any:	having details of all allowances & deductions,					
16. Remarks, if any:						
gone through the vacancy circular	erms & conditions of deputation and carefully r/advertisement and I am well aware that the uments submitted by me will also be assessed time of selection for the post.					
Date:	Signature of the Applicant					
<ol> <li>Certified that the particulars verified from the office records.</li> <li>Up-to-date ACR/APAR doss</li> <li>It is certified that no vigilar him/her. There is nothing again for consideration for appoint</li> </ol>	siers for the last five years are enclosed.  nce case is pending or contemplated against gainst the applicant which makes him ineligible					
Dated:	Signature of the Head of Office/Department with official Seal and Telephone Nos.					