

ADA:ADV-133:2025

15th May 2025

Annexure-II (refers to
ADA:ADV-133:2025 dated 15/05/2025)

APPLICATION FOR THE POST OF: _____

Self-attested
PP size
photograph

SL No.	Particulars	Details
1	Name of the applicant with designation and complete office address (in block letters), e-mail & Tele. no	
2	Father's Name	
3	Residential address	
4	Permanent address	
5	Date of Birth (in Christian era) / Age as on closing date of this notification :	
6	Date of first joining in central Government / state Government / Union Territory Administration / Statuary Body/ Autonomous Body	
7	Date of retirement under central Government / Union Territory Administration / Statuary Body/ Autonomous Body	
8	Educational Qualifications	
9	Whether belong to SC/ST/OBC/PH	
10	Whether belong to all India or organized Gr.A Services? If yes, then mention name of the service and batch	
11	Post held on regular (i.e. substantive) Basis and the date from which held with Pay Level / Grade pay	
12.	(a) Are you an Officer from the Indian Armed Forces? (Army/Navy/Airforce)	Yes/No
	(b) If Yes, please mention your nature of appointment as	Permanent Commission / Short Service Commission
13	Present Basic Pay with pay Level	

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Annexure-II (cont'd)

SL No.	Particulars						
14	Details of employment of last 10 years in Chronological order. Enclose a separate sheet duly authenticated under your signature						
	Name of office/ organization where employed	Post Held	From	To	Basic pay	Pay Level	Major Duties
15	Nature of present employment i.e. ad-hoc or temporary or permanent						
16	In case the present employment is held on deputation/ contract basis, please state (a) The date of initial appointment (b) The period of appointment on deputation/contract. (c) Name of the parent office / organization to which you belong.						
17	Training / Courses Attended						
18	Please mention whether your current organization is under- (a) Central Government (b) State Government (c) Autonomous Organizations (d) Central public sector undertaking (e) State public sector undertaking (f) Statutory body / UT Administration						
19	Additional information if any which applicant may like to mention in support of his/her suitability for the post vis-a- viz the "duties" mentioned in column 2 of Annexure-A. Enclose a separate sheet, if required.						
20.	Contact Details Address for communication: Mobile Phone No.: Alternate contact No.:						

Date:

(Signature of the applicant)

Annexure-III (refers to
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DECLARATION BY THE APPLICANT

1.(applicant name) Hereby declare that my posting on deputation as(Post name) in ADA shall not bestow any right to me to claim either seniority in the said post in respect of the services rendered by me on deputation or regular appointment.
2. I will not claim absorption in ADA in the said post.
3. I am liable to be repatriated to my parent organization for any inaccuracies in the details noted above or for contravention of any provisions in the rules/orders governing the deputation.

(Signature of the applicant)

Date:

Place:

**CERTIFICATE TO BE RECORDED BY THE EMPLOYER / CADRE CONTROLLING
AUTHORITY WHILE FORWARDING THE APPLICATION**

1. It is hereby certified that:
 - (a) The particulars furnished by the applicant are true and have been verified from the service records. He/She possess the required educational qualification for the post that he/she is applying.
 - (b) The record of the service of the official has been carefully scrutinized and it is certified that there is no doubt about his/her integrity.
 - (c) No disciplinary/vigilance case is either pending or contemplated against the applicant and he/she is clear from vigilance angle.
 - (d) No major/minor penalty has been imposed or contemplated on him/her during last 10 years.
2. The applicant if selected will be relived **within 30 days**.
3. Duly attested copies of ACR/APAR for the last five years is enclosed.

Signature:.....

Name:

Designation:

Telephone No:

Date:

Place: