Application for the post of Appellate Tribunal for Elec							
1. Name of the Applicant	t (in block letters)	:					
2. Father's/ Husband's 1		:					
3. Date of Birth (dd/mm/	'yy)	:					
4. Gender (M/F)		:	•••••				
5. Addrress for Correspo	ondence	:	•••••				
			•••••	•••••			
			•••••	••••••			
6. Contact No. (a) Mobi	ile	:	•••••	••••••			
(b) Land	lline	:	•••••				
(c) E-ma	nil	:					
7. Educational Qualificat	tion (In chronological o	order)	:				
				1			
Education Qualification	Board/Unive	ersity	Year of Passing	Division			

From

To

Please state whether

8. Details of Employment (in chronological order):

Office/

Pay Scale with

Inst	titutions/ anizations	Grade Pay (MACP Granted, please specify)	From	10	working under Central/State Govt/Autonomous Org. or other category	Permanent/ Deputation
10.	In case th	ne present employmen	••••••	deputation,		
		ate of appointment				
	c) Name	of the parent office/org	•			
11.		al information, if any y for the post	y, which y	ou would lil	ke to mentioned in sup	 port of your
	•••••		• • • • • • • • • • • • • • • • • • • •	•••••		

(**Signature of the Candidate**) Address:

Post held

CERTIFICATE

(To be filled in by the authority forwarding the application)

Certified that:

i)	The particulars	furnished by	the	candidates	have	been	checked	from	available	records	and	found
	correct.											

- ii) It has been verified that the candidate is eligible as per conditions mentioned in the circular
- iii) No vigilance/departmental case is either pending or being contemplated against the candidate.
- iv) Certified that copies of last 5 year ACRs duly certified by Gazetteed officer are attached.
- v) There is no doubt about the integrity of the candidate.
- vi) In the event of the selection of the candidate, this organization shall have no objection to relieve him.

Date :		
Place :		
	Signature of the O	officer
	Designation	
	Address	
	Telephone No.	
	(Office Seal)	
Date		
