

F.No.14(2)/2023-Estt.

**APPLICATION FOR THE POST OF ASSISTANT
AT ICAR-CMFRI BY TRANSFER ON DEPUTATION/PERMANENT ABSORPTION BASIS**

(To be filled in by the candidate in his/her own handwriting in CAPITAL LETTERS)

1.	Name of the Candidate					
2.	Date of Birth (DD/MM/YYYY format)					
3.	Present post held					
4.	Date of continuous and regular appointment in the present post : Assistant/Pay Level-6 UDC/Pay Level-4					
5.	Name of the Institute/ Office where presently working and postal address					
6.	Present basic pay with Pay Level					
7.	Category to which the candidate belongs (SC/ST/OBC/UR)					
8.	Address for communication					
9.	Educational Qualification					
10.	Details of Service					
	Name of the Institute/ Office	Post held	Scale of pay	From	To	Nature of duties performed
11.	Any other relevant information					

(Signature of the candidate)

DECLARATION BY THE CANDIDATE

I..... hereby declare that all the statements made in the application form are true, complete and correct to the best of my knowledge and belief.

(Signature of the candidate)

Date:

Office Email ID:

Mobile No.

CERTIFICATE FURNISHED BY THE HEAD OF OFFICE

1. It is certified that the information furnished by the candidate has been verified from the office/ service records and found correct. His/her ACR/APAR (attested copies) for the last five years are enclosed herewith.
2. Certified that no Vigilance or Disciplinary cases is pending or being contemplated against him/her.
3. Certified that no minor/ major penalty has been imposed on him/her.

Signature of Head of Office with seal