

**PROFORMA FOR APPLICATION**

APPLICATION FOR THE POST OF \_\_\_\_\_ ON DEPUTATION BASIS IN EPFO

Sl. No.	Details required:	Details furnished
01.	(a) Name of the applicant (b) Designation (in the parent cadre) and (c) Pay Level	
02.	Details of the parent department of the official alongwith postal address, Telephone No. and Email ID of the office.	
03.	Status of the parent department: i.e. Whether it is Central Government /State Government and Name of the Ministry/Department:	
04.	Date of Birth (in Christian Era)	
05.	Educational Qualifications:	
06.	Mobile No. and official e-mail ID of the applicant	

07. Details of employment in chronological order (Enclose a Separate Sheet, if required)

Sl. No.	Office/Institute/ Department/ Organisation	Posts Held (Regular)	From	To	Pay Band and Grade Pay	Period of Experience and nature of duties

08.	Nature of present regular employment:	
09.	Total emoluments drawn per month:	
10.	Nature & extent of other assignments (i.e. Short term, Deputation etc.):	
11.	Details in case official is on deputation viz. Name of the post, Pay Level, period since on deputation alongwith name, postal address, Telephone No. and Email ID of the office.	
12.	Whether belong to SC/ST/OBC	
13.	Indicate three choice of station (in order of preference) if applying for the post of Assistant Executive Engineer (Civil) / Junior Engineer (Civil)	

14.	Last 05 years APAR grading					
	2018-19	2019-20	2020-21	2021-22	2022-23	
15.	Additional information, if any, in support of suitability for the post. Enclose a separate sheet, if the space is insufficient.					

**Place:**  
**Date:**

**Signature of the Candidate**  
**Telephone/Mobile No.**

**Annexure-II**

**Certificate (To be given by the Cadre Controlling Authority)**

1. Certified that the particulars of the officer as furnished above have been verified and found to be correct.
2. The officer is holding the post / analogous post on regular basis.
3. Certified that no disciplinary proceedings are pending/contemplated against the officer.
4. The Integrity of the Officer is also certified.
5. A list of major/minor penalties imposed, if any are enclosed.
6. Copies of APARs for the last 05 years \_\_\_\_\_ are enclosed.

**Encl:**

**Signature of the Cadre Controlling  
Authority/ Head of the Department  
with Seal**

**Office Telephone No.  
E-mail ID:**

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