APPLICATION FOR THE POST OF PROGRAMMER ON DEPUTATION BASIS IN EPFO

S.N	Details required:						Deta	nils furnished
01.	Name of the applicant: Designation: Pay Level:							
02.	Date of Birth (in Christian Era)							
	Educational Qualifications:							
	Details of the Office in which the official is working alongwith the postal address, Telephone No. and Email ID of the office.							
05.	Status of the Department: Whether it is Central Government /State Government and Name of the Ministry/Department:							
06.	Details of employment in chronological order (Enclose a Separate Sheet, if required)							
	Office/Institut Department/ Organisation		Posts Held (Regular)	From	То	Pay Leve		Period of Experience and nature of duties
07.	Nature of present regular employment:							
08.	Nature & extent of other assignments (i.e. Short term, Deputation etc.):							
09.	Total emoluments drawn per month:							
	Whether being on deputation earlier (Yes/No)							
11.	If Yes, details thereof							
12.	Whether mandatory cooling-off period completed after completion of deputation period (Yes/No)							
13.	If yes, date of cooling-off period completion date							
14.	Whether belong to SC/ST/OBC:							
15.	Last 05 years APAR grading 2018-19 2019-20 2020-21 2021-22 2022-23							
	2010-19	.019-20	2020-2.	20	~ + ~ £ £	2022	23	
16.	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 Mobile No:

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: