

Annexure-I

**APPLICATION FOR THE POST OF VIGILANCE ASSISTANT ON DEPUTATION BASIS
IN EMPLOYEES' PROVIDENT FUND ORGANISATION**

| S.N | Details required: | Details furnished |
|-----|--|--|
| 01. | Name of the applicant: Designation: Pay Level: | |
| 02. | Date of Birth (in Christian Era) | |
| 03. | Name and complete postal address of the EPFO office in which the official is working | |
| 04. | Educational Qualification: | |
| 05. | Details of employment in chronological order (Enclose a Separate Sheet, if required) | |
| | Office/Institute/ Department/ Organisation | Posts Held (Regular) |
| | From | To |
| | Pay Level | Period of Experience and nature of duties |
| | | |
| 06. | Nature of present regular employment: | |
| 07. | Nature & extent of other assignments (i.e. Short term, Deputation etc.): | |
| 08. | Total emoluments drawn per month: | |
| 09. | Whether being on deputation earlier (Yes/No) | |
| 10. | If Yes, details thereof | |
| 11. | Whether mandatory cooling-off period completed after completion of deputation period (Yes/No) | |
| 12. | If yes, date of cooling-off period completion date | |
| 13. | Whether belong to SC/ST/OBC: | |
| 14. | Indicate three choice of stations (in order of preference) | |
| 15. | Last 05 years APAR grading | |
| | 2018-19 | 2019-20 |
| | 2020-21 | 2021-22 |
| | 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:
E-mail ID:

Certificate (To be given by the Cadre Controlling Authority)

1. Certified that the particulars of the official as furnished above have been verified and found to be correct.
2. The official 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 official is also certified.
5. No major/minor penalty has been imposed during the last 10 years.
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:**
