

Annexure-I

APPLICATION FOR THE POST OF WELFARE OFFICER ON DEPUTATION BASIS IN EPFO

S.N	Details required:	Details furnished
01.	(a) Name of the applicant (b) Designation (c) Pay Level	
02.	Date of Birth (in Christian Era)	
03.	Educational Qualifications:	
04.	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/Institute/ Department/ Organisation	Posts Held (Regular)	From	To	Pay Level	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:											
10.	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											
	<table border="1"> <thead> <tr> <th>2018-19</th> <th>2019-20</th> <th>2020-21</th> <th>2021-22</th> <th>2022-23</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	2018-19	2019-20	2020-21	2021-22	2022-23						
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:

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:**