Application for the post of Senior Technical Assistant

BIO-DATA PROFORMA

1. Name and Address in Block Letters:
2. Date of Birth (in Christian era):
3. Date of retirement under Central/ State Government rules:
4. Present post held:
5. Experience:
6. Pay Band/present pay with Grade Pay:
7. Educational qualifications:
8. Details of Employment in chronological order. Enclose a separate sheet, duly signed, if the space is insufficient.

Office/Instt./ Orgn.	Post held	From	To	Scale of pay (both pre-revised and revised) and basic pay thereon	Nature of duties

9. Nature of present employment. i.e. ad hoc or temporary or permanent
10. In case the present employment is held on deputation/ contract basis, please state-
    - (a) The date of initial appointment
    - (b) Period of appointment on deputation/ contract
    - (c) Name of the parent office/ organization to which you belong

11. Please state whether working under-
    (a) Central Government
    (b)State Government
    (c)Autonomous Organizations
    (d)Government Undertakings
    (e)Universities

12. Are you in Revised Scale of Pay? If yes, give the date from which the revision took place and also indicate the pre-revised scale.
13. Additional information. if any, which you would like to mention in support of your suitability for the post.(enclose a separate sheet, if the space is insufficient)

14.   Whether belong to SC/ST/OBC
15.   Choice of posting
16.   Remarks

Signature of the candidate

Address ………………………..

……………………………………

Telephone No. ………………..

Email Address …………………

Certificate to be furnished by the employer/ Head of Office/ forwarding authority.

Certified that the particulars furnished by ……………………are correct.

Also certified that:
   (i)   There is no vigilance case is pending/or contemplated against him/her.
   (ii)   Photo copies of his/her complete ACR Dossier/ACRs for the last five years duly attested (on each page) are enclosed.
   (iii)   His/ her integrity is beyond doubt.
   (iv)   No major/ minor penalties imposed (strike out whichever is not applicable).

Signature………………………..
Name and Department
Office Seal