

ANNEXURE -B

**APPLICATION FOR THE POST OF DEPUTY GENERAL MANAGER/ ASSISTANT GENERAL MANAGER
IN THE INSOLVENCY AND BANKRUPTCY BOARD OF INDIA ON DEPUTATION**

1. **PostApplied for:** Deputy General Manager ☐
Assistant General Manager ☐
2. **Specialization (If any):** Economics/ Statistics ☐
Law ☐
IT ☐
3. **Gender:** Male / Female / Others
4. **Name of the Candidate:** _____
(IN CAPITAL LETTERS)
5. **Father's/Mother's/Husband's Name:** _____
(IN CAPITAL LETTERS)
6. **Date of Birth (DD/MM/YY)** _____, **Age as on (10/09/2021)** _____
7. **Aadhaar Number:** _____
8. **Address for communication:**

9. **Email address:** _____
(All communications from the IBBI will be made to this e-mail address given by you).
10. **Contact Numbers:**
a) **Landline** _____
b) **Mobile** _____

11. **Educational / Professional / Technical Qualification (Starting from Class 12th onwards).**
Please attach a separate sheet if required.

Examination passed	Discipline/ Specialization /Subject	Board/University	Year of Passing	Duration of Course (In Months)	Percentage of marks	Division

12. **Experience starting from present to previous. Please attach a separate sheet if required.**
(Please specify period and nature of deputation undertaken earlier and details thereof).

Total Experience:- ____ **Years** ____ **Months**

Department / Organisation	Designation and Pay Band and Grade Pay / Scale	From	To	Brief description of duties

1. Please state whether you meet eligibility criteria? Yes / No

2. Please explain how you are eligible?

3. Additional information, if any, which you would like to mention in support of your candidature for the post. [This among other things may provide information with regard to (i) additional academic qualifications, (ii) professional training, (iii) work experience over and above stated in the Notice and (iv) Publications]

Declaration to be signed by the Candidate

I hereby certify that above particulars mentioned in the application are correct and true to the best of my knowledge and belief and no material fact/information has been suppressed or concealed therefrom.

PLACE:

SIGNATURE OF THE APPLICANT

DATE:

Name:

(Certificate to be furnished by the Employer/Head of office/ Forwarding Authority)

Certified that the information/details provided in the above application by the applicant are true and correct as per the records. He/ She fulfils the eligibility criteria as prescribed for the grade applied by him/her. **If selected, he/ she will be relieved immediately.**

2. It is also certified:-

- (i) That there is no vigilance/disciplinary case or criminal case pending or contemplated against Shri/Smt/Ms._____.
- (ii) That his/her integrity is certified.
- (iii) That the photocopies of the ACRs/APARs for the last three years are enclosed.
- (iv) That no major/minor penalty has been imposed on him/her during the last ten years or a list of major/minor penalties imposed on him/her during the last ten years is enclosed (as the case may be).

Place:_____

Signature _____

Date: _____

Name and Designation_____

Tel.No._____

Office Seal

List of enclosures:

- 1.
- 2.
- 3.
- 4.
- 5.