APPLICATION PROFORMA FOR TECHNICAL ASSISTANT (T-3) CATEGORY-I AT ICAR-INDIAN INSTITUTE OF SOIL SCIENCE, BHOPAL (ON INTER-INSTITUTIONAL TRANSFER BASIS)

EK DASIS)	
Name of the applicant	
Father's/Husband Name	
Gender: Male/Female	
Date of Birth	
Educational Qualification	
Name of ICAR Institute where applicant is working at present	
Name of the post to which originally appointed with date	
Present post held on regular basis with date of appointment	
Date of confirmation/post held substantively	
Whether belongs to SC/ST/OBC/Physically handicapped	
E-mail address & Mobile Number	
 Reason for transfer: (Pl. specify –Max 100 words and attach necessary documents, if any) D. Spouse ground (Whether employed in State Govt./Central Govt./PSUs. If yes, please attach copy of self attested ID proof issued by the department where spouse is working). E. Medical ground (self or any family members: Family as defined under CGHS/CS(MA) Rules) 	
F. Other (Give details)	
	 Name of the applicant Father's/Husband Name Gender: Male/Female Date of Birth Educational Qualification Name of ICAR Institute where applicant is working at present Name of the post to which originally appointed with date Present post held on regular basis with date of appointment Date of confirmation/post held substantively Whether belongs to SC/ST/OBC/Physically handicapped E-mail address & Mobile Number Reason for transfer: (Pl. specify –Max 100 words and attach necessary documents, if any) D. Spouse ground (Whether employed in State Govt./Central Govt./PSUs. If yes, please attach copy of self attested ID proof issued by the department where spouse is working). E. Medical ground (self or any family members: Family as defined under CGHS/CS(MA) Rules)

(Signature of the applicant)

Date.....

It is certified that the particulars furnished at S. No. 1 to 11 are verified from the Service Book and found correct and no disciplinary case is either pending or being contemplated against the official.

Signature of the Head of Office