

PROFORMAApplication for engagement of Consultant in the Department of Posts

1.	Application for the Consultant Post of:-											
2.	Name in full (Block letter)											
3.	Date of Birth											
4.	Mobile Number Other Contact Number											
5.	Date of superannuation from Govt.Service											
6.	Experience in Level 9 of Stenographer Cadre											
7.	PPO No. (Enclose Xerox Copy)											
8.	Complete residential address											
9.	Office address at the time of Retirement											
10.	Whether Medically fit	Yes <input type="checkbox"/> No <input type="checkbox"/>										
11.	Valid E-mail ID (shortlisted candidates will be intimated through e-mail)											
12.	Brief particulars of experience in Govt.Service during last five years, just before retirement	<table border="1"> <thead> <tr> <th>Post Held</th> <th>From</th> <th>To</th> <th>PB/GP (pre-revised)/Pay matrix</th> <th>Area of experience</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Post Held	From	To	PB/GP (pre-revised)/Pay matrix	Area of experience					
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13.	Experience related information, in support of your suitability for the said engagement, attach a separate sheet, if necessary.											

I hereby declare that the particulars furnished above are true and correct to the best of my knowledge and belief. I further declare that I was clear from vigilance angle at the time of my retirement. I have read this document and ready to accept all the terms and conditions for engagement of Consultant.

(Signature of the Candidate)

Place:

Date: