## ANNEXURE-II

## **BIO-DATA PROFORMA**

| DOCT A DI | PLIED FOR: |  |
|-----------|------------|--|
| rosi ari  | LIED FOR:  |  |

| 1.                         | Name and address in block letters  |   |                                    |   |   |          |                               |                              |
|----------------------------|--|---|------------------------------------|---|---|----------|-------------------------------|------------------------------|
| 2.                         | Date of  | Date of Birth (in Christian era)            |                                    |   |   |          |                               |                              |
| 3.                         | Date of<br>rules   | ate of retirement under Central/State Govt. |                                    |   |   |          |                               |                              |
| 4.                         | Educati  | Educational Qualifications                  |                                    |   |   |          |                               |                              |
| 5.                         | required<br>qualific<br>the one  | d for<br>ation<br>e pre                     | the po                             | est are sati<br>n treated as<br>in the ru | qualification<br>(sfied (if a<br>sequivalent<br>(les, state t | ny<br>to |                               |                              |
|                            | Essentia   | al  | Qualific<br>required<br>(1)<br>(2) | cations/ exp                              | perience  |          | Qualification<br>possessed by | ns/experience<br>the officer |
|                            | Desired  |   | (3)<br>(1)<br>(2)                  |   |   |          |                               |                              |
| 6.                         | Please state clearly whether in the light of entries made by you above, you meet the requirements of the post. |   |                                    |   |   |          |                               |                              |
| 7.                         |  |   |                                    |   |   |          | er. Enclose a                 | separate sheet,              |
| Office<br>Institt<br>Orgn. | e/<br>ute/   | Post  |                                    | From                                      | То  | Sca      |                               | Nature of duties             |

| 8.  | Nature of present employment i.e., quasi permanent or           |  |
|-----|---|--|
|     | permanent   |  |
| 9.  | If the <u>present employment</u> 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/ organisation to which you        |  |
|     | belong.   |  |
|     |   |  |
| 10. | Additional details about present employment. Please             |  |
|     | state whether working under:                                    |  |
|     | (a) Central Government  |  |
|     | (b) State Government  |  |
|     | (c) Autonomous organisations                                    |  |
|     | (d) Government Undertakings                                     |  |
|     | (e) Universities  |  |
| ,   |   |  |
| 11. | 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.  |  |
|     |   |  |
| 12. | Total emoluments per month now drawn:                           |  |
|     |   |  |
|     | Present Scale of pay:   |  |
|     | Present Grade Pay:  |  |
| 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 you belong to SC/ST                                     |  |
| 15. | Remarks   |  |
|     |   |  |

|      | Signature of the candidate |  |
|------|----------------------------|--|
| Date | Address                    |  |
|      | Phone No                   |  |
|      | Office                     |  |
|      | Residence                  |  |
|      | Mobile                     |  |