BIO-DATA/PROFORMA FOR SUBMISSION OF APPLICATION ON DEPUTATION

Affix passport size
latest photograph

FOR THE POST OF

1.	Name of Applicant						
2.	Address in Block Le	tters	8		4 44		
3.	Contact No.		Landline (with STD Code) Mobile No.				
4.	E-Mail						
5.	Category(Gen/SC/S7	C/OBC)					
6.	Date of Birth (in Chrera)	istian			. jul 18		
7.	Date of Retirement u Central Government						
8.	Educational Qualification (in case of insufficient space, please attach separate sheet duly signed by the applicant)						
S. No.	Exam Passed	Year	Subjects Offered	Board/University	% age of marks		
					7.7		

9.	Details of employment in Chronological order (in case of insufficient space, please attach						
				ed by the applicant.)			
Office/	Post	From	То	Scale of Pay/Pay B		Nature of Duties.	
Instt./	Held			Pay and basic pay.	(in CDA/IDA		
Orgn.				Pattern)			
10.			ent emplo or Permar	yment, i.e. Adhoc nent			
11.	In case	e the pre	sent empl	oyment is held on			
	Deput	ation/Co	ntract bas	is, please state:-			
	(a) Th	e date of	initial ap	pointment on			
		ation/Co					
			ppointmei	nt on Deputation/			
	Contract						
				the parent			
	Marian Santa	_	sation to v	which applicant			
10	belong		.1 1	4			
12.			ails about				
	employment. Please state under;		e whether working				
		(a) Central Government/State Govt.					
	. /	AND THE STATE OF T	The state of the s	State Govt.			
13.	(b) Autonomous Body Gross monthly emoluments drawn with			ents drawn with			
13.	grade pay (Please provide details thereof)						
	(Also specify whether CDA pattern or IDA						
	pattern or grade pay equivalent to CDA pattern)						
14.	-		ormation,	if any, which		,	
	applicant would like to give in support of						
	his/her suitability for the post. (in case of						
	insufficient space, please attach separate						
	sheet o	duly sign	ed by the	applicant)			

Declaration:

I have read the terms and conditions of appointment and certify that the above information is true to the best of my knowledge and belief. Further, I am liable to be disqualified even after my appointment at NCW, in case, any information given above is found to be incorrect/incomplete or false/forged.

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Place:

Signature of the Applicant.

CERTIFICATE BY THE EMPLOYER

[in case of Deputation]

i.	Certified that Shri	holds	a permanent post of
	Under the	since _	
ii.	The integrity of Shri		is beyond doubt.
iii.	He has submitted his application to the office on		and his pay Band
	is having Grade Pay of Rs		in the parent office.
iv.	This office has no objection in case the application of S	Shri	is
	considered for appointment for Deputation for the pos	st of	at
	the NCW. Further, it is certified that Shri		shall be relieved
	immediately in case of his/her selection in NCW at the	post app	lied for.
v.	The information given by Shri		in the application
	Performa have been verified with reference to his/her se	ervice rec	cords and found correct.
vi.	No Vigilance or disciplinary case is pending or c	contempl	ated against the official
	concerned during last 10 years.		
vii.	Up-to date ACR/APAR of the concerned official for the	e last five	e year are enclosed.
Datas			
Date:			
Place:			
			G:
			Signature
		F	Head of office/Department
			With official Seal