APPLICATION FOR DEPUTATION (FOREIGN SERVICE TERM BASIS) IN UIDAI, HEADQUARTERS

(Last date for receipt of Application: 26.04.2021)
(Since this vacancy is to be filled up on deputation basis, private candidates are not eligible)

1.	Post applie	ed for	MONOTOR MANAGEMENT AND		ill find titler och fremminisk vin hölde och socialistick och socialistic och socialis	100-100 (100 100 100 100 100 100 100 100 100	**************************************	errockhonen och en egyn i sett kallytekt i 11700 i svensk litektelet.	dennistration of the state of t
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3.	Gender (√ the		Male Femal		Female	3			
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	appropriate box)		OBC		Others		p	photograph	
5.	Date of Birth (DD/MM/YYYY)				10000 cc				
5.	Date of retirement					(00,000,000,000,000)	,000,000,000,000,000,000,000,000,000,0	anner controver and the controver of the	
7.	Address for correspondence, mobile number and e-mail id								
8.	acherone	-20000040000000000000000000000000000000	Acres marine		n level and				
Examination Passed Year			Name of University/ Institute		Percentage of marks/		Subjects		
,						COIA			
9. Details of employment in authenticated by your sig Organization/ Post held Institution			nature, if the space below is insufficient)		nt) Nature of c	luties			
		ALLANA IN THE CONTRACTOR OF TH							

10.	Complete office address along with telephone number of the present Employer								
11.	artige construeres and Material and Material and Artifect and Artifec		Ad-hoc			Te	mporary		
	employment (√ the appropriate box)		Quasi-permanent			Pe	rmanent		
12.		esent grade and date			erapper (1994) en	manaran (1966) (1966) (1966) (1966) (1966) (1966) (1966) (1966) (1966) (1966) (1966) (1966) (1966) (1966) (1966)		gggggggggggggggggggggggggggggggggggggg	***************************************
	from which held on		-						
	regular/su		MANAGER MANAGEMENT OF THE PARTY		uses som en	accompany and the second secon		**************************************	
13.	Name of the Service, if belonging to Organised Service of the Central								
	Governm	ent					101		
14.	Whether	Educat	ional and	other qua	lifications	equired for	the p	oost are satis	fied
	If any qualification has been treated as equivalent to the one prescribed in the rules,								he rules, state
	the author								
	If applied for more than one post, desired experience for all such posts may be indicate								

Qualification/ Experience require	d Qualification/ Expe	erience possessed by the officer
Essential:		
(i)		
(ii)		
Desired:		
(i) (ii)		
(iii)		
15. In case the present	Date of initial appointment	
employment is held on deputation/ contract basis,	Period of appointment on deputation/contract	
please state	Name of the parent	
	office/organization to	
	which you belong	The state of the s
16. Training/Courses attended		
17. Details of award/ honour/ appreciation		
18. Additional information, if		
any, which you would like		
to furnish in support of you suitability for the post.		
Enclose a separate sheet, it		The state of the s
the space is insufficient		
Date:		
Place:		
		(Signature of the Candidate)
		Mobile No. :
		Office Tel.No.:
Certified that the service	narticulars given by the applica	nt have been verified from his/her

Signature with seal of the Competent Authority

service records and found to be correct.

To be filled up by the cadre controlling authority

Office	of						
F.No.,.							
1.	The applicant Shri/Smt./Ms if selected, will be relieved immediately.						
2.	Certified that the particulars furnished by the officer have been checked from available records and found correct.						
3.	Certified that the applicant is eligible for the post applied as per conditions mentioned in the circular/advertisement.						
4.	Integrity of the applicant is certified as 'Beyond Doubt'.						
5.	No Vigilance case is pending/contemplated against the Officer						
6.	It is certified that no penalty has been imposed on the applicant during the last 10 years (Alternatively, penalty statement during the last 10 years may be enclosed).						
7.	Attested photocopies of up-to-date ACRs/APARs for the last 5 years are enclosed. Photocopies of ACRs/APARs have been attested on each page by an officer not below the rank of Under Secretary or equivalent.						
	Signature						
	Name, Designation & Tele of the forwarding officer						
Date:	(Office Stamp)						
Place:							