APPLICATION FOR THE POST OF DEPUTY DIRECTOR GENERAL IN UIDAI

(Last date for receipt of Application: \_\_\_\_\_\_, 2020)

(Since this vacancy is to be filled up on deputation basis, private candidates are not eligible)

Post applied for			Deputy Director General, UIDAI HQ, New Delhi								
				Deputy Director General, UIDAI Technology Centre, Bengaluru							
				Please indicate order of preference in appropriate box(es)							
2.	Name of the Candidate (in block letters)										
3.	Gender (√ the appropriate box)			Male Female					Paste a recent		
4.	Category (√ the			SC ST				0.00	Passport size		
	appropriate box)		OBC		Othe	Others			photograph		
5.	Date of Birth (DD/MM/YYYY)										
6.	Date of retirement										
7.	Address for correspondence, mobile number and e-mail id										
8.	Education	qualif	fication (C	Graduation	level and	above)					
Examination Passed Year			Name of University/ Institute		of	Percentage of marks/ CGPA		Subjects			
9.	authentica	ited by	your sign	nature, if the	he space be	cal ord	ler (d	encle	ose a separ	rate sh	eet, duly
Organisation/ Institution		Post held		From	То	Scale	Scale of Pay		Nature of duties		
10.	number of Employer	ith to	elephone present								
11.	Nature of the present			Ad-hoc				Temporary			
	employment ( $$ the appropriate box)			Quasi-permanent				Permanent			
12.	Present grade and date from which held on regular/substantive basis										
13.											

14.	Whether Educational and other qualifications required for the post are satisfied If any qualification has been treated as equivalent to the one prescribed in the rules, state								
	the authority for the same.								
	If applied for more than one	oost, desi	red experience for all	l such posts may be indicated.					
	lification/ Experience required		Qualification/ Experience possessed by the officer						
200 4000	ential:								
(i)									
(ii)									
(iii)	ired:								
(i)	ired.								
(ii)									
(iii)									
15.	In case the present	Date of	initial appointment						
	employment is held on	Period	of appointment on						
	deputation/ contract basis, please state	deputat	of appointment on ion/contract						
		Name	of the parent						
			rganization to						
16	T: 10	which y	rou belong						
16. 17.	Training/Courses attended								
17.	Details of award/ honour/								
18.	appreciation Additional information, if								
10.	any, which you would like								
	to furnish in support of your								
	suitability for the post.								
	Enclose a separate sheet, if								
	the space is insufficient								
Date									
Place	e:								
				(Signature of the Co. 11.1.					
				(Signature of the Candidate					
				Mobile No. :					
				Office Tel.No. :					
	Certified that the service par	ticulars o	iven by the applicant	t have been verified from his/her					
servi	ce records and found to be corr	ect.	, approun	5 Seen vermed from ms/ner					

Signature with seal of the Competent Authority

## To be filled up by the cadre controlling authority

Name	of .the Office:
F.No.	Date:
1.	The applicant, 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	