

APPLICATION FOR THE POST OF SENIOR DEPUTY CHIEF MEDICAL OFFICER**PROFORMA**

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1. Name :
2. Father's/Husband's Name :
3. Date of Birth & Present age :
4. Whether belongs to SC/ST/OBC/UR :
5. Address for communication with Telephone/Mobile No. :
6. Academic and Professional Qualification:

Exam/Degree	Year of Passing	Name of Instt./ Board/ University	Marks Aggregated	Percentage

(Attach separate sheet, if required)

7. Employment History and Experience:

Name of the Ministry/ Dept./ Govt. organisation/ Autonomous Body/ company/ Corporation	Designation	Pay scale	Whether post is held on regular or ad-hoc basis	Period		Nature of work in brief
				From	To	

(Attach separate sheet, if required)

8. Please mention details of appreciation/ Outstanding work done, if any, which was duly recognized by the higher authority

9. Enclosures (Please mention) :

10. Declaration: .

I, hereby, solemnly declare that all the statements made in the above proforma are true and correct to the best of my knowledge and belief. If selected, the candidature will not be withdrawn:

Place:

Date :

Signature.....

Name and Address of the applicant.....

Certificate to be given by the Head of Office of

Shri / Smt

Designation

1. It is certified that the particulars furnished by the Officer are correct and he/she is fulfilling the eligibility criteria.
2. The veracity of the qualification certificates and the recognition of the degree obtained by the applicant may be ensured and certified.
3. It is certified that no disciplinary / vigilance case is pending or contemplated against the applicant and that he/she is clear from the Vigilance and Administrative angle.
4. His / her integrity is certified.
5. It is certified that no Major/Minor penalty has been imposed on the Officer during the last 10 years.
6. Copies of APARs for the last 5 years from 2014-2015 to 2018-2019 are enclosed.

Dated:

Signature of the forwarding authority
alongwith office seal.

Particulars of the officer for whom vigilance Comments/clearance is being sought
(To be furnished and signed by the CVO or HOD)

1. Name of Officer (in full) :
2. Father's name :
3. Date of Birth :
4. Date of Retirement :
5. Date of entry into service :
6. Service to which the officer belongs including batch/year cadre etc. wherever applicable :

7. Positions held (during the ten preceding years)

Sl. No.	Designation & Place of Posting	From	To

8. Whether the officer has been placed on the "Agreed List" or "List of officers of Doubtful Integrity" (If yes, details to be given.) :
9. Whether any allegation of misconduct involving vigilance angle was examined against the officer during the last 10 years and if so, with what result.(*):
10. Whether any punishment was awarded to the officer during the last 10 years and if so, the date of imposition and details of the penalty(*):
11. Is any disciplinary/criminal proceedings or charge sheet pending against the Officer as on date.(If so, details to be furnished including reference no., if any, of the Commission) :
12. Is any action contemplated against the Officer as on date (if so, details to be furnished) (*):

Date:

(Name & Signature)

(*): If Vigilance clearance had been obtained from the Ministry/CVC in the past, the information may be provided for the period thereafter.