WII/ADM/2024/45

Annexure-I

PROFORMA FOR APPLICATION FOR THE POST ON DEPUTATION AT WIL

1.	Name of post applied		
2.	Name (In Capital Letters)		
3.	Name of Present Office		
4.	Current Post		
5.	Correspondence Address		
6.	Date of Birth		
7.	Mobile No	<u>A</u> lternate Mobile No.	
8.	Email Id		
9.	Date of Retirement		
10	. Educational Qualifications:		

(a) (Starting from highest qualification to lowest. Enclose a separate sheet, duly authenticated by your signature, if the space below is insufficient)

S. No.	Educational Qualification	Name of Education Board/University

(b) Details of Training Programme attended:

S.No	Details of Training Programme	Year of participation	

- 11. Nature of present employment i.e., ad-hoc or Temporary or quasi- permanent or permanent.
- 12. Details of employment, in chronological order (Enclose a separate sheet duly authenticated by your signature, if the space below is insufficient)

Ministry/ Department	Post	held	Level in the	Nature of duties
	From	То	Pay Matrix	

Signature of Candidate

Address

Service particulars given by the applicant are verified with reference to service records and found to be correct.

Signature with seal of the Competent Authority