

Application for the post of _____

01	Name			
02	Date of Birth			
03	Present Post			
04	Date from which the present post is held			
05	Present place of posting			
06	Service and Batch			
07	Parent Cadre			
08	Date of joining service			
09	Pay Band of the present post			
10	Basic Pay drawn			
11	Grade pay			
12	Whether the eligibility criteria prescribed for the post are satisfied			
13	Educational/ Professional Qualification (Please mention Graduation and above)			
Sl No	Qualification	Subject	Year / Division	Institution/ University place/ Country
14	Details of Experience/ employment (Please attach a separate sheet, if required)			
15	Date of retirement under Central Government Rules			
16	Training(s) undergone			
17	Place of posting sought			

Certified that information furnished above by me is correct

(Signature of the Candidate)

NOTE: i). The above application should be forwarded through the parent Department/ organization along with Cadre clearance/ Vigilance Clearance and copies of five years Annual performance appraisal reports , duly attested.

ii) Applications not forwarded through parent organization along with requisite documents will not be considered.

iii) Only serving Officers of central Governments/ State Governments/ UTs/ PSUs/ Autonomous bodies are eligible to apply.

To be filled up by the Cadre Controlling Authority

Office of _____

File No. _____

Dated:

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 major/ minor penalty has been imposed on the applicant during the last 10 years (alternatively, penalty statement during 10 year 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 & Telephone of the forwarding Officer

Office Stamp

Date:

Place: