**Annexure-I**

**APPLICATION FOR THE POST OF ………………………………… ON DEPUTATION BASIS**

**ADVERTISEMENT No.…………………………………SL.NO……………………………………..**

**PART-A**

Affix Recent

Photograph

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. |  |  | Name in Full (in block | | |  |  |  |  |  |  |  |  |  |
|  |  |  | letters) | |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2. |  |  | Father’s / Husband’s | | |  |  |  |  |  |  |  |  |  |
|  |  |  | Name | |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3. |  |  | Date of Birth | |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4. |  |  | Age | |  |  | Years | | months | |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5. |  |  | Sex | |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 6. |  |  | Marital Status | |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 7. |  |  | Nationality | |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 8. | A |  | Address for | |  |  |  |  |  |  |  |  |  |  |
|  |  |  | correspondence (in | | |  |  |  |  |  |  |  |  |  |
|  |  |  | block | |  |  |  |  |  |  |  |  |  |  |
|  |  |  | letters) | |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | b |  | PIN Code | |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | c |  | Telephone/Mobile No. | | |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | d |  | E-Mail ID | |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | e |  | Permanent Address | | |  |  |  |  |  |  |  |  |  |
|  |  |  | (in block letters) | |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | f |  | PIN Code | |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 9. |  |  | Category (Attach copy of certificate if you belong to SC, ST, PH or OBC) | | | | | | | | | | |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | a |  | SC | |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | b |  | ST | |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | c |  | OBC | |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | d |  | Differently abled | |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | e |  | GEN | |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 10. |  |  | Educational Qualifications (In chronological order from the Bachelor’s Degree | | | | | | | | | | |  |
|  |  |  | and onwards) | |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  | |  |  |  |  |  |  |  |  |
|  |  |  | Sr. | Examination | Board / | | Year of | Marks |  | % | Division | Subjects / |  |  |
|  |  |  |  |  | University | |  |  |  | Marks |  |  |  |  |
|  |  |  | No |  | Passing | Obtained | Out of | / Class | Courses |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 11. | Professional Training | | | |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  | Sl.No. |  | Designation | Name of | Period of service | |  | Particulars of |
|  |  |  |  | Organization |  |  |  | training |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | From |  | To |  |
|  |  | |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| 12. | Knowledge of working on | | |  |  |  |  |  |
|  | PC / work station and | | |  |  |  |  |  |
|  | familiarity with software | | |  |  |  |  |  |
|  | packages | (Please | |  |  |  |  |  |
|  | specify): |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

1. Employment Record (details in reverse chronological order, starting with the last job)

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Sl. | Designation | Name of | Address of | \*Type of | Pay | \*\*Nature of | Period of Service | | | Nature of work |  |
|  | No. |  | organization | organization | organization | Scale/Pay | Appointment |  |  |  | and level of |  |
|  |  |  |  |  | in Pay |  |  |  |  | responsibilities |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  | Band+ |  |  |  |  |  |  |
|  |  |  |  |  |  | GP/AGP |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  | From | To | Period |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
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**\***Central Government /State Government/ Government aidedDepartment or Central Government /State Government/ Government aided Institute or Central Government /State Government/ Government aided University or Central Government /State Government Autonomous Institute or Central Government /State Government Autonomous body or Any other (please specify)

**\*\*** Regular/ Contractual / Adhoc / Any other (please specify).

**Note: Please indicate your total experience for eligibility to the post applied for**

**year** **months**

1. Publications and Report (Please enclose list under three separate heads: Journals, Conferences, Reports)

**PART-B**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | Additional details about present | |  |  |
|  |  | employment, if any. | |  |  |
|  |  |  | |  |  |
| 1. | a | Present Pay Scale: (Central or State | |  |  |
|  |  | Governments or Central/ State Govt. | |  |  |
|  |  | Universities or Autonomous Bodies | |  |  |
|  |  | set up | |  |  |
|  |  | by Government) ***(Please specify*** | |  |  |
|  |  |  | |  |  |
|  | b | If pay scale has been revised recently, | |  |  |
|  |  |  | |  |  |
|  |  | state the date of revision and also the | |  |  |
|  |  | pre |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  | Pre-Revised | Revised |
|  |  | 1 | Basic Pay | |  |
|  |  | 2 | Dearness Allowances | |  |
|  |  | 3 | Other Allowances (Please | |  |
|  |  |  | specify) Total Gross Salary: | |  |
|  |  | ***Attach copy of Last Pay Slip in support of above)*** | | |  |
|  |  |  | |  |  |
| 2. |  | Member / Fellowship of professional | |  |  |
|  |  | society | |  |  |
| 3. |  | Any other information you may wish to | |  |  |
|  |  | furnish (in brief and no | |  |  |
|  |  | annexure be enclosed) | |  |  |
|  |  |  | |  |  |
| 4. |  | Name and address of 2 persons (not | |  |  |
|  |  | related to you) who are well | |  |  |
|  |  | acquainted with your academic | |  |  |
|  |  | record and professional work for | |  |  |
|  |  |  | |  |  |
|  | a | Reference-1 | |  |  |
|  |  |  | | aa |  |
|  | b | Reference-2 | |  |  |
|  |  |  |  |  |  |

**PART – C**

**DECLARATION**

I certify that the foregoing information is correct and complete to the best of my knowledge and belief and nothing has been concealed/distorted. At any time I am found to have concealed/distorted any material information, my appointment shall be liable to be summarily terminated without notice/compensation.

**Date :** Signature of Candidate

**Place :**

**PART – D**

**FORWARDING AUTHORITY / EMPLOYERS ENDORSEMENT**

This is to certify that Dr./Sh./Smt. …………………………………………..…….. is working as………………………………….... from ………………… **on regular basis** in our department / institute / organization. The above details given by him/her are verified and found correct as per our records. It is further certified that no vigilance / disciplinary case and departmental enquiry is either pending or contemplated against him / her. The integrity of the officer is also certified. In case of his / her selection, he / she will be relieved on deputation basis and his / her lien will / will not be retained by this organization.

**Date :** Signature of employer with Office Stamp

**Place :**

**CHECK LIST**

|  |  |  |  |
| --- | --- | --- | --- |
| Sr. |  | Tick Yes or No |  |
| No. |  |  |  |
|  |  |  |  |
| 1 | Signature on the Application | Yes | No |
|  |  |  |  |
| 2 | Affixed the photograph | Yes | No |
|  |  |  |  |
| 3 | Attested Copies of all the | Yes | No |
|  | Educational Certificates |  |  |
|  | / Testimonials / |  |  |
|  | Experience Certificates |  |  |
|  |  |  |  |
| 4 | Last Pay Slip | Yes | No |
|  |  |  |  |
| 5 | Age proof | Yes | No |
|  |  |  |  |
| 6 | SC/ST/OBC/Differently abled | Yes | No |
|  | Certificate |  |  |
|  |  |  |  |
| 7 | Forwarding form the employer | Yes | No |
|  |  |  |  |
| 8 | Any other (Please Specify) | Yes | No |
|  |  |  |  |

**Note : Self attested copies of all the relevant documents must be attached with the application.**