BIO-DATA/PROFORMA FOR SUBMISSION OF APPLICATION FOR THE POST OF MANAGER (FINANCE)

1.	Name of Applicant							
2.	Address in block letters							
3.	Contact No.				Landline (with STD Code)			
					Mobile No			
4. 5.	E- Mail						1	
5.	Category		C/OTHERS	١.				
6.	(Gen/SC/ST/OBC/OTHERS) Date of Birth (in Christian era)							
7.		Date of retirement under Central						
1 150 150	Governm							
8.	Educatio	nal Qua	alification	(attach	a se	eparate sheet duly	attested by you if the	
	space is	insuffic	ient).			•	, ,	
Sl.	Exam	Year		Name		Board/	Percentage of marks	
No.	Passed		offered	Institu	te	University	obtained	
							8	
9.	Whether other qualifications required for the post are satisfied. (if any qualification has been treated as equivalent to the one prescribed in the rule, state the authority for the same)							
Qualific	alification/Experienced required				Qualification/Experience possessed by the applicant			

10.	Details o	Details of employment in Chronological order attach a separate sheet duly attest by you if the space is insufficient.							
Office Instt. / Orgn.	/ Post	From	То	Pay Band (in CDA pattern,	d, Grade Pay and Basic pattern) In case of equivalent Pay Band ay of CDA pattern	IDA	Nature of duties performed / performing		
	2								
11.	Nature of pr ad-hoc or te	mporary	or perr	manent	19				
12.	In case the pheld on depoplease state	utation/c							
	(a) The dat		5.7.00	ointment					
	(b) Period Deputation/	of ap Contract	pointn with d	ate		(1			
	(c) Name and address of the parent office/ organisation to which you belong/retired from.								
13.	Additional employment working und	. Please							
	(a) Central (Governme	nt						
	(b) Autonom	ous body							
14.	Total emoluments per month last drawn. (specify whether CDA pattern or IDA pattern or Grade Pay equivalent to CDA pattern)								
15.	Additional ir you would li of your su Enclose a space is insu	ke to mer itability separate ıfficient.	ntion ii for tl sheet	n support ne post. , if the					
* Dlas	sa submit cor	V of I PC	/ Pay	Slin last o	drawn along with appli	cation	PPO in case of		

I have read the Terms & Conditions of appointment and certify that the above information is true to the best of my knowledge and belief. Further, I am liable to be disqualified if any information given above is found to be incorrect/ incomplete or false.

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Place:

Signature of the Applicant

^{*} Please submit copy of LPC/ Pay Slip last drawn along with application, PPO in case of Retired Govt. Officers.

CERTIFICATE BY THE EMPLOYER, if applying on Deputation basis

(i)	Certificate that Sh holds a permanent post of in the O/o					
	since					
(ii)	The integrity of Shis beyond doubt.					
(iii)	He has submitted his application to this office on and his Pay Band + Grade Pay in the parent office is					
(iv)	This office has No Objection in case the application of Sh is considered for appointment for Deputation for the post of in the NHIDCL. Further, it is certified that Sh shall be relieved immediately in case of his/her selection in NHIDCL.					
(v)	The information given by Sh in the application proforma has been verified with reference to his/her service records and foun correct.					
(vi)	No Vigilance or disciplinary case is pending or contemplated against the official concerned during last 10 years.					
(vii)	Up-to date ACR/APAR dossier of the concerned official for the last five year i.e. period 2010-2011 to 2015-2016 are enclosed herewith.					
Date:						
Place:						
	Signature Head of Office/Department With Official Soal					