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Photograph

## BIO-DATA/PROFORMA FOR SUBMISSION OF APPLICATION

FOR THE POST	OF	
		<del></del>

1.	Name of	Applica	ant				
2.	Address	in block	letters				
3.	Contact No.					andline (with STD Co	
4							
4. 5.	E- Mail Category	,					
5.			C/OTHERS)				
6.							
7.	Date of Birth (in Christian era)  Date of retirement under Central Government Rules						
8.	Educational Qualification (attac space is insufficient).						
Sl.	Exam	Year	Subjects	Name		Board/	Percentage of marks
No.	Passed		offered	ed Institu		University	obtained
	,						
9.	qualifica	tion has	qualificat been trea ity for the	ated as	equ	ivalent to the one	are satisfied. (if any prescribed in the rule,
Qualific	ation/Exp	erience	d required				ce possessed by the
					appl	licant	

10.	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,	l, Grade Pay and pattern) In ca equivalent Pay y of CDA pattern	Nature of duties performed / performing	
11.	Nature of pr	lature of present employment, i.e. d-hoc or temporary or permanent					
12.	In case the present employment is held on deputation/contract basis, please state:-						
	(a) The date	e of initi		ointment			
	(b) Period Deputation/	of ap Contract	pointn with d	ate			
	(c) Name ar office/ orga belong/retir	nd addres anisation	s of th	ne parent			
13.	Additional employment working und	. Please					
	(a) Central (		ent				
	(b) Autonom			R		:: 	
14.	Total emoluments per month last drawn. (specify whether CDA pattern or IDA pattern or Grade Pay equivalent to CDA pattern)				,		
15.	Additional in you would li of your su Enclose a space is insu	nformation ke to me litability separate ufficient.	ntion i for t sheet	n support he post. t, if the			n, PPO in case of

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

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.

Date	٦.
Date	••

Place:

Signature of the Applicant

## CERTIFICATE BY THE EMPLOYER, if applying on Deputation basis

)	Certificate that Sh holds a permanent post of
	in the O/osince
i)	The integrity of Shis beyond doubt.
ii)	He has submitted his application to this office on and his Pay Band + Grade Pay in the parent office is
v)	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.
<b>v</b> )	The information given by Sh in the application proforma has been verified with reference to his/her service records and found correct.
√i)	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.
	e,
ate:	
lace:	Signature Head of Office/Department With Official Seal