



10. Details of present post held (if any) : .....

.....

.....

11. Details of Employment/experience (Attested copies of ‘Experience Certificates’ to be attached):

Office/Instt.	Position held	regular/temporary/permanent	Level as per 7 <sup>th</sup> CPC	Exact dates to be given (indicate day, month & year)		Nature of duties
				From	To	

12. Computer Skills:

.....

.....

13. Sp. Course / Certification:

.....

.....

14. Certificate by the applicant:

I..... State that I have gone through the eligibility criteria for the post ..... in MSRVVP, as notified in the website of the MSRVVP and certify that I am eligible to be considered for the post

Date:

Signature of the applicant

**Pro-forma of application for the post of Deputy Director,  
Assistant Director, Accounts Officer, Sr. Stenographer  
(On Deputation)**

1. **Post Applied for** : .....
2. Name of the Applicant: .....
3. Father's / Spouse Name: .....
4. Date of birth: ..... / ..... /..... Age on closing date: .....
5. Category: SC / ST / OBC / EWS / etc.....
6. Aadhaar No. : .....
7. Correspondence Address with Pin code, Telephone Number & Email ID:  
.....  
.....  
.....  
.....
8. Permanent Address with Pin code, Telephone Number & Email ID:  
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.....  
.....  
.....
9. Employer Address (Controlling Authority / Office):  
.....  
.....  
.....  
.....

Self-attested  
photograph to  
be pasted here

10. Educational Qualification: .....

S. No.	Name of Course / Exams Passed	University / Institution Board	Duration of the Course	Year of Passing	Main subjects taken	Subject of Specialisation	Div./ Class & % of Marks

11. Computer Skills:

.....  
 .....

12. Sp. Course / Certification:

.....  
 .....

13. Details of present post held (if any) : .....

.....  
 .....  
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14. Details of Employment/experience (Attested copies of ‘Experience Certificates’ to be attached):

Office/Instt.	Position held	regular/temporary/permanent	Level as per 7 <sup>th</sup> CPC	Exact dates to be given (indicate day, month & year)		Nature of duties
				From	To	

15. Details of departments where worked: .....

.....

.....

.....

16. Attested copies of APARs for the last five years: (To be enclosed by the Deptt where presently working)

.....

17. Certificate by the applicant:

I..... State that I have gone through the eligibility criteria for the post ..... in MSRVVP, as notified in the website of the MSRVVP and certify that I am eligible to be considered for the post of ....., on “Deputation” basis. I also certify that I am within the age limit of 55 years as on the last date for receipt of application.

Date:

Signature of the applicant

18. Forwarding of application by the Department:

Certified that the above information furnished by the applicant Shri/ Ms.....have been verified from his service records and have been found to be correct. Shri/ Ms. ....is within the age limit of 55 years as on the last date for receipt of application as per his date of birth recorded in his service book. Certified copies of APARs for the last five years of Shri/ Ms.....are enclosed. His/ Her application for the post of ..... in MSRVP is hereby forwarded with the approval of the competent authority. In the event of his selection for the said post, the department will relieve him immediately for taking up the post of ..... in MSRVP, Ujjain. It is further certified that there is no vigilance case pending or contemplated against Shri/Ms.....

Date:	Signature of the authorized officer of the Department forwarding the application for the post of ..... in MSRVP
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