

PROFORMA FOR FURNISHING BIO-DATA FOR THE POST OF
_____ ON DEPUTATION IN NBEMS

1. Post applied for:
2. Name of the applicant:
3. Name, address and contact number:
of office where working at present
4. Your Contact details:
 - (a) Mobile:
 - (b) E-mail address:
 - (c) Landline:
5. Address for correspondence:
(with pin code)
6. Date of Birth:
7. Date of entry into Govt. service and:
Service to which the officer belongs
8. Date of Retirement:
9. Present post held with Pay scale
(Level in Pay Matrix)
 - (a) Date of appointment in the present:
Post
 - (b) Basic Pay (as per pay matrix of:
Seventh Pay Commission)
 - (c) Are you in the revised Pay Scale?
If yes, the date from which the
Revision took place and also
Indicate prevised Pay Scale.
 - (d) Details of emolument per month:
Drawn now
 - (I) Present Pay Level:
 - (II) Date from which drawing present Pay Level:
 - (III) Total Emoluments:
10. Details of earlier deputation, if any
 - (a) Whether presently holding:
Deputation post?
 - (b) If 'Yes' please mention, basic pay:
(as per pay matrix of Seventh
Pay Commission)
11. Additional information if any you would
Like to mention if any, in support of your
Suitability for the post. This may include
Additional Academic Qualification,
Professional Training & Work Experience
(Please attached separate sheet)
12. Whether belonging to SC / ST:

13. Educational / Professional Qualification in reverse chronological order upto 10th std.: -

S. No.	Educational / Professional Qualification Details	Year of Passing	Name of Board/ University

14. Experience / Eligibility:

Eligibility, Service, Qualification, Experience require for the post	Eligibility, Service, Qualification, Experience possess by the Officer

Please state whether in the light of the entries made above you meet the requirement of the post

15. Computer Skills: (Details)

16. Languages Known:

17. Details of employment in chronological order attached separate sheets duly authenticated with your signature if necessary.

Sr. No.	Designation & Place of posting	Brief listing of responsibilities	From	To	Duration (No. of years, Month)

18. Please state whether working under Central Govt. / State Govt. / Autonomous Body / Govt. Undertaking / University. (Indicate the name of your Employer)

19. Details of penalties during the past 10 years and present position / warning, if any:-

Self-Certificate and Declaration

I hereby certify and declare that: -

- (I) All statements made in this application form are true, complete and correct to the best of my knowledge and belief. In the event of any information being, found false or incorrect, or ineligibility being detected before or after the interview / selection, my candidature may be cancelled and action can be taken against me.
- (II) I have read the provisions in advertisement carefully and I fulfil all the conditions of eligibility regarding age limits, educational qualifications etc. prescribed in the advertisement and other relevant rules and instructions.
- (III) I certify that there is no vigilance or any disciplinary proceedings pending against me.

Date:

Place:

SIGNATURE OF THE CANDIDATE

(Unsigned Application will be Rejected)

Forwarded by the Controlling Officer

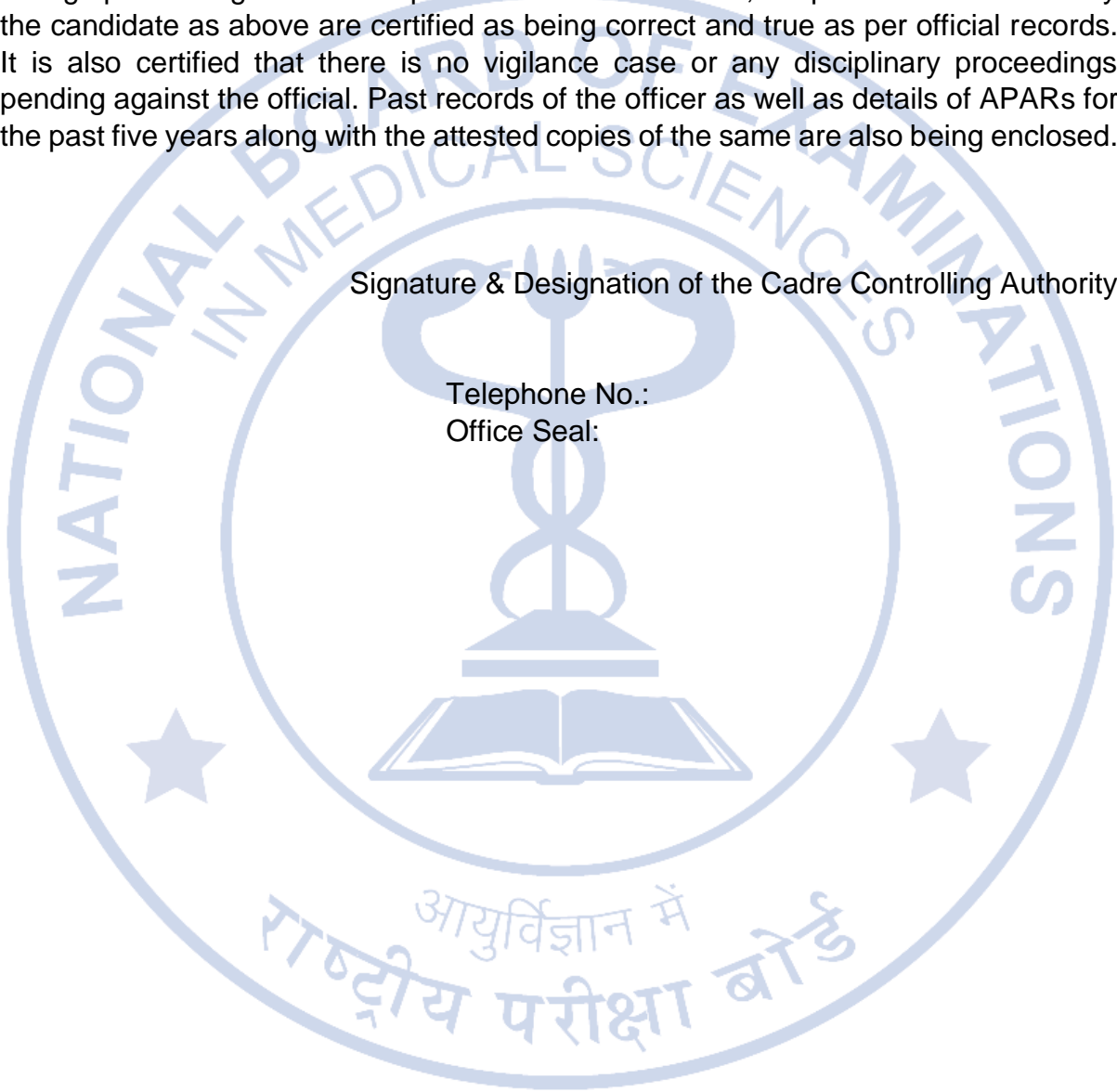
(NOC and verification of the details by the Cadre controlling authority)

The Cadre controlling authority hereby gives its No Objection to Shri/Smt./Ms..... for applying and being considered against the vacancy of _____, **NBEMS**. Further, it is hereby certified that in the event of the officer being selected for the said post, he / she shall be spared and relieved for taking up the assignment on deputation basis. In addition, the particulars furnished by the candidate as above are certified as being correct and true as per official records. It is also certified that there is no vigilance case or any disciplinary proceedings pending against the official. Past records of the officer as well as details of APARs for the past five years along with the attested copies of the same are also being enclosed.

Signature & Designation of the Cadre Controlling Authority

Telephone No.:

Office Seal:



**PAST RECORD OF THE OFFICIAL
(TO BE FILLED IN BY THE CADRE CONTROLLING AUTHORITY)**

1. Details of awards received by the officer, if any: -

2. Details of past disciplinary action / vigilance cases against the official, if any: -

3. Summary of APARs for the past 5 years: -

Year	Overall Grading	Remarks, if any

The photocopy of the mentioned APARs should be duly authenticated and enclosed with the application form.

Signature & Designation of the Cadre Controlling Authority

Telephone Number:

Office Seal: