Advertisement No 295 dated 05-01-2024

Application form for the post of CGM on Deputation

Application form
No
(for office use only)

Recent coloured self

attested P.P. size photo graph 1. Name of the post : CGM 2. Name of applicant (in capital letters) :..... (Name) (Surname) 3. Father's name . (Name) (Surname) 4. Parent Department (With full Address) 5. Permanent addressPIN..... 6. Present addressPIN..... (Address proof : Enclosure 1) 7. Date of birth :..../.....(In words) (Attested true copy of mark sheet of Higher Secondary School Certificate Examination /equivalent examination exhibiting date of birth: Enclosure 2) 9. Category (Please tick) : Unreserved/ OBC/ SC/ ST (Self attested true copy of caste certificate in case of OBC/SC/ST candidate: Enclosure3) 10. Home district (Attach front page of Service book for proof) . Educational qualification details : (from recognized university) (1) Post Graduation (2) Graduation (Degree shall be from university/Collage recognize by AICTE) (3) Others (Diploma etc.) : Description 12. Service and experience details: (a) Parent Department: (b) Details of organization:..... (c) Present Post:.... (d) Address of the present office:.....

(e)	Designation at first posting :					
(f)	Date of promotion from AE to EE (attach copy of promotion order)					
(g)	Date of Promotion form EE to SE (attach copy of promotion order)					
(h)	Date of Promotion form SE to CE (attach copy of promotion order)					
(i)	Date of sanction of 3 rd time scale (attach copy of order)					
(j)	Name/post and ful	l Address of offic	ce who will provide	de CR Grading	and vigilance	details will have
	to be asked for :					
	Phone Number		Email Addr	ess		
(k)	Present pay :					
	(As per present ap	oplicable pay rules by band and grade		v structure)		
(1)	Post wise experien	•		y structure)		
S.N		Total length	Periodwise	Total field	Road and	office
	(starting from AE)	of service caderwise (as	details (from date	work experience	Bridge work field	work experience
	,	per column 2)	to	Years	experience	Years
		in years and months	date)	Months Days	Years Months	. Months . Days
			••••••	_	Days	,
1	2	3	4	5	6	7
		3	7	3		-
1	AE	3	7	J		
		3	7	3		
1	AE	3	7	3		
2 3	AE EE SE	3	7			
2	AE EE		7			
2 3	AE EE SE		7			
1 2 3 4 5	AE EE SE CE					
1 2 3 4 5 * 1e:	AE EE SE	"in charge" if any	should be added		st only.	
1 2 3 4 5 * 1e:	AE EE SE CE ngth of service as	"in charge" if any	should be added ertisement)			Days
1 2 3 4 5 * le: (m)	AE EE SE CE ngth of service as	"in charge" if any	should be added ertisement)	in the lower po	Months I	•
1 2 3 4 5 * le: (m)	AE EE SE CE ngth of service as Total length of ser	"in charge" if any vice (date of Adv	should be added ertisement) neral Manager/eq	in the lower poYears	Months I	LDC/
1 2 3 4 5 * le (m)	AE EE SE CE ngth of service as Total length of ser Total length of NHAI) with origin	"in charge" if any vice (date of Adv	should be added ertisement) neral Manager/eq	in the lower poYears	Months I PRRDA/MPR Ionths D	LDC/
1 2 3 4 5 * le (m)	AE EE SE CE ngth of service as Total length of ser Total length of NHAI) with origin	"in charge" if any vice (date of Adv	should be added ertisement) neral Manager/eq	in the lower poYears	Months I	LDC/
1 2 3 4 5 * le (m)	AE EE SE CE ngth of service as Total length of ser Total length of NHAI) with origin	"in charge" if any vice (date of Adv	should be added ertisement) neral Manager/eq	in the lower poYears	Months I PRRDA/MPR Ionths D	LDC/

	Year	s Months Days.
Name of Post Name of Post and organization	Place of Posting in field	Period
13. PAN (if available) (Attested true copy: Enc		
14. Cell phone no.	:	
15. Email ID	:	
	<u>Declaration</u>	
I hereby declar		epartmental enquiry of any nature
pending against me. I furth	e that no criminal proceedings/D er declare that information supplied	d by me in the application form and
pending against me. I furthe supplementary parts and en	e that no criminal proceedings/D er declare that information supplied closures annexed to it; are true to t	I by me in the application form and he best of my knowledge & belief.
pending against me. I further supplementary parts and en selection to the post may be	e that no criminal proceedings/D er declare that information supplied closures annexed to it; are true to the cancelled and any suitable action	I by me in the application form and he best of my knowledge & belief. I may be taken against me if information
pending against me. I further supplementary parts and en selection to the post may be furnished in Application for	e that no criminal proceedings/D er declare that information supplied closures annexed to it; are true to the cancelled and any suitable action form is found false or incorrect at	I by me in the application form and he best of my knowledge & belief.
pending against me. I further supplementary parts and en selection to the post may be furnished in Application for	e that no criminal proceedings/D er declare that information supplied closures annexed to it; are true to the cancelled and any suitable action form is found false or incorrect at	I by me in the application form and he best of my knowledge & belief. I may be taken against me if information
pending against me. I further supplementary parts and en selection to the post may be furnished in Application for informed to my parent depart	e that no criminal proceedings/D er declare that information supplied closures annexed to it; are true to the cancelled and any suitable action form is found false or incorrect at	I by me in the application form and he best of my knowledge & belief. I may be taken against me if information
pending against me. I further supplementary parts and enselection to the post may be furnished in Application for informed to my parent department.	e that no criminal proceedings/D er declare that information supplied closures annexed to it; are true to the cancelled and any suitable action form is found false or incorrect at	I by me in the application form and he best of my knowledge & belief. I may be taken against me if information
pending against me. I further supplementary parts and enselection to the post may be furnished in Application for informed to my parent department department.	e that no criminal proceedings/D er declare that information supplied closures annexed to it; are true to the cancelled and any suitable action form is found false or incorrect at	I by me in the application form and he best of my knowledge & belief. I may be taken against me if information
pending against me. I further supplementary parts and en selection to the post may be	e that no criminal proceedings/D er declare that information supplied closures annexed to it; are true to the cancelled and any suitable action form is found false or incorrect at	I by me in the application form and he best of my knowledge & belief. I may be taken against me if information

Advertisement No 295 dated 05-01-2024

Application form for the post of Assistant Manager On Deputation Basis

Applic	at	io	n	fo	rr	n
No						

(for office use only)

				Recent coloured self attested P.P. size photo graph
1.	Name of the post	·		
2.	Name of applicant	:(Name) (Surnan		
3.	Father's name	:(Name) (Surnan		
4.	Parent Department (With full Address)			
5.	Permanent address	:		
6.	Present address	:		
		· ·	lress pro	oof: Enclosure 1)
7.	Date of birth (Attested true copy of mark sh examination exhibiting date of	:/ (In words		
8.	Age (as on the date of Adverti	sement): Years Mon	nths	Days
	C 3 (: Unreserved/ OBC/ SC/ ST ertificate in case of OBC/SC/ST candidate :	Enclos	sure3)
pag	Home district (Attach front e of Service book for proof) Educational qualification detail	:s:		
	(1) Post Graduation year	: Degree Specialisation in pa	ssing ye	ear
	(2) Graduation	: Degree Subject passing	g year .	
	(3) Others (Diploma etc.)	: Description	• • • • • • • • • • • • • • • • • • • •	
12.	Service and experience details			
(a) Parent Department			
(b) Details of organization :			
(b) Present Post :			

(d) A	address of the present office	e:		
(e) D	Designation at first posting	:		• • • • • • • • • • • • • • • • • • • •
(f) D	Oate of Promotion (Attach C	Сору)		•••••
	Name/post and full Address ave to be asked for:			
(h) P (A (i) P (E	hone Number	Email Address y rules) losure-4)		
S. N.	Name of Post in increasing order starting from first Posting	from date to date	field work experience Years Months Days	office work experience Years
1				•
2				
3				
4				
5				
6				
	al length of Regular service	: <u>.</u>	Years Months	•
(2) 100			Years Months	/
(M)Tot	al length of Service in field	• • • • • • • • • • • • • • • • • • • •		_
(O) Tot	al length of Service in field	d (As Assistant Engineer	YearsMonths r) YearsMonths	•
	al length of Service after Cognised by AICTE / UGC (ivil Engineering degree (As on date of publication)	(Degree shall be from Upon of advertisement)	Jniversity/Colleg
AN (if av ted true o ll phone nail ID	copy: Enclosure)	:	Years Months	
		Nan 2	(Signature of applione of the applicant:	

Declaration

I hereby declare that no criminal proceedings /Departmental enquiry of any nature is pending against me. I further declare that information supplied by me in, the application form and its supplementary parts and enclosures annexed to it; are true to the best of my knowledge & belief. My selection to the post may be cancelled and suitable action may be taken, if information furnished by me in Application form is found false or incorrect at any point of time in future. I have already informed to my parent department for permission.

Date :	(Signature)
Place:	Name of the applicant:
Encl –	