PRESCRIBED PROFORMA FOR SUBMISSION OF APPLICATIONS ON DEPUTATION BASIS

ks)	Vacancy Notice No. (appears on the top right side of notice)	
rtant t leave blanks)	File No. (appears on the left side of vacancy notice)	
Impor (please don't l	Post against which application has been submitted	
a)	Choice of station (wherever applicable)	

Personal Data

Pers	onal Data		
1.	Name		
2.	Gender		
3.	Service		
4.	Department		
5.	Category		
6.	Date of Birth		
7.	DITS (Date of entry into Time Scale)		
8.	Date of entry in Gr.B (wherever applicable)		
9.	Present pay band with Grade Pay and basic pay as on date of application		
10.	Present Designation & Railway		
11.	Contact Details		
	(a) Email ID		
	(b) Telephone (0)		
	(c) Telephone (R)		
	(d) Mobile Number	:	

12. Educational Qualifications:-

S.No.	Qualification/Degree	Year/ Division	Institution/University, Place/ Country

13. Experience Details:-

SNo.	Designation & Railway with Place of posting	Grade (i.e. Gr.B/SS, JAG/SG/SAG	From	То

14.	Details of previous deputation/ Foreign assignment, if any	:	
15.	Whether debarred from deputation? If yes, please furnish details.	1 - 1	
16.	Whether cooling off period completed? If yes, date of return from previous deputation with details, wherever applicable.	:	

I certify that the details furnished by me above are true and I am eligible for the post as per the criteria laid down in the vacancy notice.

(Name and Signature of the applicant)

Place: Date:

Passport Size Color Photograph.

TO BE FILLED IN BY THE RAILWAY WHILE FORWARDING APPLICATION FOR DEPUTATION

1.	Whether any disciplinary proceedings have been initiated against the officer during his career so far? If yes, details thereof	:	
2.	Whether any preliminary inquiry or any other vigilance related matter is pending against the officer. If so, full facts of the pending matter?	:	
3.	Whether the name of the officer appears in the Agreed List/ Secret List?	:	
4.	Whether the officer can be spared on deputation in the event of selection?	:	
5.	Please indicate ACR ratings for the last five years in respect of the officer. (wherever applicable)	:	
			Signature of the officer certifying the proforma

of the officer certifying the p	ignature roforma
Name:	
Designation:	