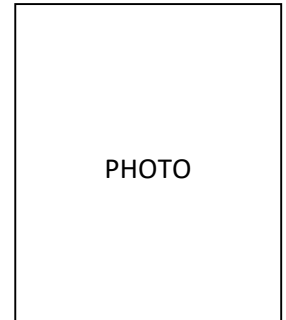


**APPLICATION FORM FOR NON-TEACHING POSTS ON
DEPUTATION BASIS**

- Note:1. Fill in all the information in block letters only.
2. Attach separate sheet in case of insufficient space in any column.
3. Attach copies of all the qualification & experience certificates.



1. **Post applied for:** on Deputation basis

2. **Candidate's name in full:**

3. **Address for correspondence:**

4. **Permanent residential Address**

Pin Code

5. (a) **Telephone No)**
(with STD Code)

(b) **Mobile No.:**

(C) **Fax No. (if any)**

6. E-mail ID

7. Date of Birth:

(DD)
(MM)
(YYYY)

Age as on closing date of application: Years

Months

8. Father's/Husband's name

9. Marital status:

10. Sex:

11. Nationality

12. Category (Gen./OBC/SC/ST/PWD*):

13. Designation & complete postal Address
of current employer

PIN

14. Educational Qualification: (Matric onwards Attach self-attested copies)

Examination	Division/Grade	% age of marks	University/Board	Passing/Award Yr.	Subjects

15. Experience (Please start with the latest & Attach self-attested copies):

Post held/Designation & Nature of Appointment	Name of the Institute/Department /Organization	Period of Experience			Level of pay matrix/ (Pre revised Pay Band/ Pay scale/ & GP)	Last basic Pay (Rs.)	Nature of Work
		From	To	Total (year & Month)			

16. Certified that the information given by me in this application form is complete and correct to the best of my knowledge & belief and nothing has been concealed there from. I also understand that in case any information is found to be false, my services shall be liable to be terminated without notice.

I have read the instructions and guidelines issued for the candidates.

Date:.....

Place:.....

Signature of the candidate

17. Recommendation of the employer

I. That Sh. /Smt. _____ Son /wife/daughter

of _____ is working in

_____ on the Post of -----since _____

II. That his/her Average Annual Confidential Report /APAR for the last five years are rated as. _____ (Duly attested Copies enclosed)

III. That No vigilance case is pending or contemplated against him/her.

IV. In case his/her selection; he/she shall be relieved immediately.

Date:.....

Place:.....

Signature & Seal of the employer/HOO

Phone no:

Note: Without Signature/seal of employer the application shall be rejected.