APPLICATION PROFORMA

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11. Any other information which the applicant may like to provide in support of his candidatures:								
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		g for deputation may						
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Present Basic Pay Date of next increment Any other special pay/allowances drawn:								
Any other special pay/allowances drawn:								
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	I					certify that the i	nformation furnished	
in this	application fo	rm is correct and co	mplete to the	best of	my knowle	edge and belief a	and nothing has been	
concea	iled / distorted.	I undertake that if	at any time, I	am fo	und to hav	e concealed / di	istorted any material	
intorm	ation, my appoir	ntment shall be liable	to be summari	ly term	inated with	out notice and any	y compensation.	
Date:						SIGNATURE OF	CANDIDATE	
Date.						IGNATURE OF	CANDIDATE	
Place					Nar	ne:		
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Annexure-II
(Applicable for the candidates applying on deputation)

NO OBJECTION CERTIFICATE

	DEE FILLED UP BY THE CADRE CONTROLLING AUTHORITY / present employer)
Of	fice No
F.	No
1.	This Department/ Office have no objection in case the applicant namely Mr/Mrs (Present Designation of this department is selected for the post applied for and
	therefore the application submitted by him is forwarded herewith.
2.	His present Basic Pay is Rs in the PB plus Grade Pay or Rs of Pay Matrix Level & cell The official is working as (Designation) w.e.f
3.	a) The applicant, if selected, will be relieved immediately. b) The particulars furnished by the applicant have been checked from available records and found correct. c) The applicant is eligible for the post applied for as per conditions mentioned in the circular/advertisement.
3.	d) Integrity of the applicant is certified as 'Beyond Doubt'. e) There is no case pending or contemplated against the applicant from Discipline or Vigilance angle. f) No penalty has been imposed on the applicant during the last 10 years (Alternatively, penalty statement during the last 10 years may be enclosed). Attested photocopies of up-to-date ACRs/APARs for the last 5 years are enclosed. (Photocopies of ACRs/APARs to be attested on each page by the authorized officer not below the rank of Under Secretary or equivalent)
	Signature
Dat	
Pla	Name and Designation of the forwarding officer
	(Office Stamp)