

ANNEXURE I

APPLICATION FORM FOR CENTRAL PUBLIC SECTOR EXECUTIVES /GOVT. OFFICERS

[THROUGH PROPER CHANNEL]

1. Name of the post applied for: _____

2. (a) Name _____

(b) Identification Number (For Defence Service personnel) _____

(c) Designation of the Applicant (in full) _____

(d) Office Address: _____

3. Address for communication _____

4.. Telephone No: Office _____ Residence _____ FAX No. _____

Mobile No. _____ E-Mail address _____

5. Date of Birth _____ Age as on date of vacancy _____

6. Eligibility criteria:

	As per job description	Possessed by the officer	Whether eligible or not
Educational/professional qualifications(alongwith the name of Institutions)			
Pay Scale			
Length of service in eligible pay scale			

7. Positions held during the preceding ten years:-

Sl. No.	Designation, and place of posting	Organisation	From	To	Pay scale
1.					
2.					
3					
4					
5					
6					
7					
8					

7(a). Nature and duration of experience relevant for the advertised post and job description:

Sl. No.	Designation, and place of posting	Organisation	From	To	Pay scale
1.					
2.					
3					
4					

8. In case the candidate is holding the present post on lien/deputation basis: -

- a) name of the organisation in which the lien is held.
- b) the date from which the lien is held.
- c) date from which candidate is on deputation.

9.(a) Whether any punishment awarded to the applicant during the last 10 years

Y	NO
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If yes, the details thereof

9 (b) Whether any action or inquiry is going on against him as far as his knowledge goes.

Y	NO
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If yes, the details thereof

I certify that the details furnished by me in Cols. 1 to 9 are true and I am eligible for the post.

I further submit my willingness that I will join the post, if selected. In case, if I give my unwillingness after the interview is held, but before the appointment is processed or after issue of offer of appointment, I may be debarred for a period of two years for being considered for a Board level post in any PSE other than the one to which I belong to.

(Name and Signature of the applicant)

Date:

(To be filled by the PSU/Ministry /Department concerned)

It is Certified that the particulars furnished above have been scrutinized and found to be correct as per official records.

Signature & Designation of
the Competent Forwarding
Authority with Telephone no. & office Seal.