

Office/Instt/ Orgn.	Post held	From	To	Scale of pay and basic pay	Nature of duties
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|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|-----|--|
| 12. | Nature of present employment, i.e. adhoc or temporary or permanent or contract. | ... | ... | ... | |
| 13. | In case the present employment is held on deputation/contract basis, please state | | | | |
| | a) The date of initial appointment | ... | ... | ... | |
| | b) The period of appointment on deputation/contract | ... | ... | ... | |
| | c) Name of the parent office/organization to which you belong | ... | ... | ... | |
| 14. | Training/Courses attended | ... | ... | ... | |
| 15. | Additional details about your present employment
Please state whether working under – | | | | |
| | a) Central Government | ... | ... | ... | |
| | b) State Government | ... | ... | ... | |
| | c) Autonomous Organizations | ... | ... | ... | |
| | d) Government Undertakings | ... | ... | ... | |
| | e) Universities | ... | ... | ... | |
| 16. | Are you in Revised Scale of pay? If yes, give the date from which the revision took place and also indicate the pre-revised scale | | | | |
| 17. | Total emoluments per month now drawn | ... | ... | ... | |
| 18. | Additional information, if any, which you would like to mention in support of your suitability for the post. Enclose a separate sheet, if the space is insufficient. | | | | |
| 19. | Remarks | ... | ... | ... | |

Date:

(SIGNATURE)

Mobile No.

Certified that the service particulars given by the applicant are verified with reference to service records and found to be correct.

Signature with seal of the Competent Authority

Additional Information

Name :

Post Applied for :

(A) Educational Qualifications:

S.No.	Name of Course (Degree/ Diploma/Certificate etc.)	Type of Course (Degree/ Diploma/ Certificate etc.)	Year	Name of University/ Institute	Subjects	Grade/ Percentage of Marks obtained	Remarks, if any

(B) Training Details:

S.No.	Name of Training Course	Institute	Online OR Onsite (Please mention place of training in case of onsite Trg.)	Duration of Course	Period we.f. ----- to -----	Remarks, if any (Also mention whether Inservice course)

(C) Posting Details

S.No.	Organisation	Designation	Period From ____ to ____	Station of Posting	Brief nature of work

(D) Special Achievements (if any)

(E) Publications (if any)
