

PROFORMA FOR OBTAINING APPROVAL OF THE CADRE CONTROLLING AUTHORITY FOR FORWARDING OF APPLICATION FOR DEPUTATION

Part-1 (to be completed by the applicant)

1. Name of the applicant (with Emp No) :
2. Date of Birth :
3. Present designation (since holding) :
4. Are you on probation :
5. Office address of the applicant with contact :
Phone No, if any

6.	Details of the post applied for			
	(a)	Name of the post :	(b)	Ministry/ Department :
	(c)	Scale of Pay :	(d)	Period of deputation :

7. Whether paper cutting OR photocopy of advertisement is attached.

8. Do you fulfill the requisite QRs and other eligibility condition prescribed for the post.

9. **UNDERTAKING** : I do hereby state that I have gone through the terms and conditions carefully and undertake that I will not withdraw my candidature later, under any circumstances. I understand that in the event of my selection for the post, I cannot decline to take up the above appointment and the administration has the power to relieve me unilaterally. I understand that my application for deputation is being forwarded based on the service rendered by me in the grade without taking into account subsequent revision of seniority, wherever applicable in the grade as warranted in the implementation of various court judgments affecting my seniority. therefore undertake not to cite this fact of forwarding application as proof of acceptance by the department of my claim for pre-revised seniority.

Date :

Signature of the applicant

Part-2 (to be completed by the Admin/Estt Section)

10. Date of receipt of application in the Admin/Estt Section concerned. :
11. Indicate the date of his repatriation from the last ex-cadre post, if any. :
12. Whether the particulars furnished by the Applicant in application and part-I of this Proforma have been verified from service records and the officer /official fulfills the QRs. :
13. Whether Disciplinary/Vigilance clearance has been obtained. :
14. Has anything adverse, warranting withholding of his application, been reported? :
15. Remarks, if any? :

Endorsement No :

Name

Date :

Designation

Office