Proforma for Application for the Post of (Research Officer)

- 1. Name and address in Block capitals:
- 2. Date of Birth (In Christian era):
- 3. Date of retirement under Central Govt./State Govt. under the rule applicable to the candidate:
- 4. Educational & other Qualifications possessed by the candidate (relevant to essential qualifications prescribed for the post):
- 5. Are you holding an analogous post on a regular basis: Yes/No
- 6. Present Pay and Scale of Pay
- 7. Please state clearly whether in the light of entries made by you above, you meet the requirements of the post: Yes/No

8. Details of Service (Enclose a separate sheet, duly authenticated by your signature, if any space below in insufficient):

| signature, if any space below in insufficiently. Off Basic Nature of Duties | | | | | | | | | | |
|--|------------|--------|-------|---------|----|-------|---------------------|-----|--------|--|
| I | Office/ | Post | held | Period | of | Basic | Nature | of. | Duties | |
| | | with | scale | Service | | Pay | appointment | | | |
| | nstitution | of pay | | | | | whether regular/ad- | | · | |
| | | | | | | | hoc/deputation | on | | |
| | | | | | | | | | | |

- 9. Nature of present employment, i.e. regular/adhoc/temporary/permanent.
- 10. In case the present employment is held on deputation/contract basis, please state:
- a) The date of initial appointment:
- b) Period of appointment on deputation /contract;
- c) Name of parent Office/Organization to which you belong:
- 11. Additional details about present employment. Please state whether working under:
- a) Central Government b) State Govt.C University/Recognized Research Institute d) Public Sector Undertaking e) Semi-Govt. Statutory or Autonomous Organization.
- 12. Are you in revised scale of pay? If yes, give the date from which the revision took please and also indicate the pre-revised scale of pay.
- 13. Basic pay and total emoluments per month now drawn:
- 14. 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.
- 15. Whether belongs to SC/ST:
- 16. Remarks
 Date.....

| Signature | of | the | ap | op | ار | i | 2 | a | r | 1 | - |
|-----------|----|-----|----|----|----|---|---|---|---|---|---|
| Address | | | | | | | | | | | |