Application Form for the post of Private Secretary (On Deputation Basis)

Complication No. Complication No. Complication No. Complete Complet						an p	Paste your recent passport size photograph here and sign across the photo so that part of signature should be on form Surname			
2	Date of birth	Day	Month	Year	Age as on last date of advertisement		Years	Months	Days	
3	Place of birth	City/Village			State		Country			
4	Mother's Name						1			
5	Father's Name									
6	Aadhar No.									
7	Address		Correspondence Po				Perma	Permanent		
		City: District: State: Pin Code: Mobile: Email:				City: District: State: Pin Code: Mobile: Email:				
8	Nationality									
9	Sex	Male/ Female:								
10	Category (Please strike out whichever options are not applicable)	UR/OBC/SC/ST/EWS: Sl. No. of proof enclosed (if belongs to Reserved Category):								
11	Marital status	Married/Unmarried/Divorced: If married, name of spouse								

12. Educational Qualifications (Attach additional pages, if required)								
	Name of course	Name of the Board/ University	Year passe d	Division	CGPA (if grading is applicable)	% of Marks (pl. indicate equivalent to CGPA)		Sr. No. of proof of enclosure
	(a)	(b)	(c)	(d)	(e)	Ø	(g)	(h)
10th Class / equivalent								
10+2/Higher Secondary/ equivalent								
Bachelor's degree								
Master's degree								
Any other exams passed		Name of Course/Subject		Roll	No.	Year	Sr. No. of Proof of enclosure	

13. Chronological list of Experience (starting from current position/employment)

* Please mention Permanent/Regular appointment experience candidates only (Not Contractual or Adhoc or Outsourced)

			Period	of Experie	ıce		
Designation	Name & address of employer	From	То	Pay Scale As per 7th CPC, GoI	No. of Years/ Months (As on last date of advertisement)	Nature of work/ duties	Sr. No. of proof of enclosure
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)

^{* (}Add separate sheet if required, to be annexed at relevant S. No.)

^{*} Please mention above Permanent / Regular appointment experience candidates only (Not Contractual or Adhoc or Outsourced)

		No. of Years	No. of Months	No. of Days	Sr. No. of proof o enclosure
a)	Teaching				
b)	Administrative				
c)	Research				
d)	Other experience, if any Total Experience				
1	15. Have you ever been punis	shed during your studie	es at College/Universi	tv? (Yes/No)	
	16. Have you ever been punis				o) :
1	17. Were you at any time decl	ared medically unfit or	asked to submit your	resignation or disch	narged or dismissed
	18. Do you have any case pen	ding against you in any	court of law? (Ves/N	o) ·	
1	10. Do you have any case pen	anig against you in any	court of law: (163/10	0) .	
	19. Any other information/				
20	19. Any other information/	qualification relevant	t to the post applied	for:	
20. I, _	19. Any other information/	qualification relevant	t to the post applied	for:	
20. I, _decomy	19. Any other information/	son/daug d entries made in thi event of any informat mittee, my candidatu	ghter of s application are tru ion found false or in re/appointment ma	for: ne, complete and c	orrect to the best oility being detect
20. I, _decomy	Any other information/ ———————————————————————————————————	son/daug d entries made in thi event of any informat mittee, my candidatu	ghter of s application are tru ion found false or in re/appointment ma	ne, complete and concernect or ineligibly be cancelled by	orrect to the best oility being detect
20. I, _decomy	Any other information/ ———————————————————————————————————	son/daug d entries made in thi event of any informat mittee, my candidatu	ghter of s application are tru ion found false or in re/appointment ma	ne, complete and concernect or ineligibly be cancelled by	orrect to the best pility being detector the University.

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	Certificate of Verification by the Employer					
1.	The entries made in application of Dr./ Sh./ Smt./ Km					
	for the post ofhave been duly verified from the records					
	and all entries are found correct. He / She is working on the post of at level					
	7 th CPC, Government of India.					
2.	There is no vigilance/disciplinary/criminal case pending against him/her.					
3.	Whether any Minor/Major penalties under CCS (CCA) rules, 1965 have been imposed during the last ten years on him / her – Yes / No.					
	If Yes give details					
1.	Certified that the work and conduct of Dr./Shri/Smt./Km is					
	(Good/Average/Satisfactory/Unsatisfactory)during the last five					
	years.					
5.	The gist of APAR/ACR grading for the preceding five years is as follows:-					
1						
Y	ear →					
G	rading by Reporting Officer \rightarrow					
G	rading by Reviewing Officer →					
Of	fice File/ Ref. No Encl. APARs for the preceding five years					
	Signature:					
	Name:					
	Designation with effice1					
	Designation with office seal					

Note-In service candidate should get the above endorsement signed by his/her present forwarding authority/ Head of the Organization/ Cadre Controlling Authority.

Date:

Office Seal

Please tick the enclosures attached:

Sl.	Check List	Sr. No. of enclosure	No. of Sheets
1.	Matric/Secondary/High School (10 th Class) Marks Sheet		
2.	Matric/Secondary/High School (10 th Class) Certificate		
3.	Sr. Secondary/Intermediate (12 th Class) Marks Sheet		
4.	Sr. Secondary/Intermediate (12thClass) School Certificate		
5.	Bachelor's Degree Final Year Marks Sheet		
6.	Bachelors' Degree		
7.	Master's Degree Final Year Marks Sheet		
8.	Master's Degree		
9.	Any other Qualification		
10.	Caste Certificate issued by the Competent Authority		
11.	Experience Certificate(s) from previous employer(s)		
12.	Endorsement from the present employer		
13.	Proof of Identity (Aadhar Card / Voter Card)		
14.	Any other		

Place:	Signature of the Applicant
Date:	
Total number of sheets enclosed	_ (please give sequential number to each sheet and signature with date).