

**FORMAT OF APPLICATION FORM FOR POSTS FILLED BY  
DEPUTATION/TRANSFER INCLUDING SHORT TERM CONTRACT**

**1. Name and address in Block letters: .....**

**2. Date of Birth (In Christian era): .....**

**3. Date of Retirement under Central/State Rules: .....**

**4. Educational Qualifications: .....**

**5. Whether Educational & other qualifications**

**Required for the Post are satisfied: .....**

(If any qualification has been treated as equivalent to the one prescribed in the rules, please state the authority for the same)

Nature of Qualification	Qualification/Experience Required	Qualification/Experience Possessed by the Officer
Essential	(1)	(1)
	(2)	(2)
	(3)	(3)
Desirable	(1)	(1)
	(2)	(2)
	(3)	(3)

**6. Please state clearly whether in the light of the entries made by you above, you meet the requirements of the post: .....**

**7. Details of Employment in chronological order:** (Please enclose a separate sheet, duly authenticated by your signature, if the space below is insufficient)

Office/Institute/ Organization	Post Held	From	To	Scale of Pay and Basic Pay	Nature of Duties

**8. Nature of present employment, i.e. *ad hoc* or temporary or permanent: .....**

**9. 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 the Office/Organization to which you belong: .....
10. Additional Details about present employment: .....
11. Please state whether working under:
- a) Central Government: .....
- b) State Government: .....
- c) Public Undertaking: .....
- d) Autonomous Organization: .....
- e) Universities: .....
12. 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: .....  
.....
13. 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. (Please enclose a separate sheet, if the space is insufficient) .....  
.....
15. Whether belongs to SC/ST: .....
16. Remarks:

Signature of the Candidate  
Address:

Date:

Countersigned:

[EMPLOYER]