

9 (a) Educational Qualifications

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(b) Professional Qualifications, if any

10 Experience, particularly relating to Health Sector/Finance/Accounts

11 Date of return from last ex-cadre post, if any date of completion of cooling off period, if applicable

	DD		MM					YYYY
	DD		MM					YYYY

12 Whether all eligibility conditions are fulfilled :

	Yes		No
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13 (a) Postal address for communication with Pin Code (in block letters)

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Telephone No.

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 Mobile No.

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E-mail ID

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(b) Postal address of Parent Department with PIN Code and Telephone/Fax Number/E-mail ID (in block letters)

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Certified that the information furnished above by me is correct

Signature of the applicant with date

Part-II

(To be filled by the Cadre Controlling Authority of the applicant)

- 1 Certified that the particulars given above by the applicant are correct as per the records available in the Department/Office of _____
- 2 It is also certified that Shri/Ms _____ is clear from Vigilance Angle and no disciplinary proceedings are pending or contemplated against him/her
- 3 It is also certified that integrity of Shri/Ms _____ is _____
- 4 The attested copies of the Annual Confidential Reports (ACRs/Annual Performance Appraisal Reports (APARs for the last 5 years, i.e. 2017-2018 , 2018-2019, 2019-2020, 2020 - 2021 and 2021-2022) are enclosed along with NRC for the period _____ (if ACR/APAR for period of more than 3 months is not available/recorded then ACRs/APARs prior to 2017-2028 for the matching period needed to be forwarded along with No Report Certificate (NRC)
- 5 It is hereby certified further that this Department/Office shall have no objection to the relieving of said officer in case Shri/Ms _____ is selected for the post of Accounts Officer/ ACO(Jr G) (on deputation basis)

Place:
Date:

(Name, Signature & Telephone No.
of officer with official Stamp)