



8 Present Basic Pay + Grade Pay      Basic Pay  Grade Pay

9 (a) Educational Qualifications

(b) Professional Qualifications, if any

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

11 Date of return from last ex-cadre post,  DD  MM  YYYY  
if any date of completin of cooling off period, if applicable  DD  MM  YYYY

12 Whether all eligibility conditions are fulfilled :       Yes       NO

13 (a) Postal address for communicin with Pin Code ( in block letters)

Telephone No.       Mobile No.

Fax Number:

E-mail ID

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

Certified that the informatin furnished above by me is correct

Signatutre 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. 2014 -2015, 2015 -2016, 2016-2017 and 2017-2018 and 2018-2019 and 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 2011-2012 for the matching period needed o 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 Assistant Director General (Admn.)

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

Place:

Date: