

(b) Whether Group A Gazetted/ Non Gazetted: Gazetted Non-Gazetted

(c) Pay Level & pre revised Grade pay/Pay Band

(d) Date of appointment on regular basis in Group'A' (Gazetted/Non-Gazetted)
 DD MM YYYY

9 (a) Educational Qualifications

(b) Professional Qualifications, if any

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

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

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

Telephone No. Mobile No.

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 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 _____
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- 4 The attested copies of the Annual Confidential Reports (ACRs/Annual Performance Appraisal Reports (APARs for the last 5 years, i.e. 2018-2019, 2019-2020, 2020-2021, 2021-2022 and 2022-23) (if ACR/APAR for period of more than 3 months is not available/recorded then ACRs/APARs prior to 2018-2019 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 Assistant Director General (Admin.) on deputation basis.

Place:

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