

**PRESCRIBED PROFORMA
FOR SUBMISSION OF APPLICATIONS ON DEPUTATION BASIS**

Important (please don't leave blanks)	Vacancy Notice No. (appears on the top right side of notice)	
	File No. (appears on the left side of vacancy notice)	
	Post against which application has been submitted	
	Choice of station (wherever applicable)	

Personal Data :-		
1.	Name	:
2.	Gender	:
3.	Service	:
4.	Organization with Postal Address	:
5.	Category	:
6.	Date of Birth	:
7. (a)	DITS (in case of Gr. 'A' officer) (Date of entry into Time Scale)	:
(b)	Date Joining in Service (wherever applicable)	:
8.	Date of entry in Gr. 'B' (wherever applicable)	:
9.	Present Pay Band/Level with Grade Pay or Grade in IDA Scale and Basic Pay	:
10.	Present Designation with Place of Posting	:

11. Contact Details :-		
(a)	Email ID	:
(b)	Telephone (O)	:
(c)	Telephone (R)	:
(d)	Mobile No.	:

12. Educational Qualifications :-			
S. No.	Qualification/Degree	Year / Division	Institution/University, Place/Country

13. Experience Details :-					
S. No.	Designation, Organization with Place of Posting	Grade (Gr.'A'/Gr.'B'/Gr.'C' or Grade in IDA scale)	From	To	Details of Job

(Please attached details regarding Essential Qualifications, Desirable Qualifications and Job Requirement in separate sheet)

14. Details of previous Deputation/Foreign Assignment (if any) :-				
S. No.	Organization with Place of Posting	Designation	From	To

15.	Whether debarred from deputation ? If Yes, please furnish details	:	
16.	Whether cooling off period completed ? If Yes, date of return from previous deputation with details, wherever applicable	:	

17. APAR/CR Ratings for last 5 years :-	
Year	Rating

18. Awards (if any) :-		
S.No.	Name of Award	Brief Details

19. Punishments, (if any in career) :-

I certify that the details furnished by me above are true and I am eligible for the post as per criteria laid down in the vacancy notice.

(Name and Signature of the applicant)

Place :

Date :

Declaration

To whom may concern

I _____ (full name) declared that, I shall not seek return from
NHSRCL before five years.

(Name and Signature of the applicant)

Place :

Date :