PROFORMA APPLICATION FOR POST OF REGISTRAR

1. Name and address

(in Block letters)

ADDRESS -

A. OFFICE:

- B. RESIDENCE:
- 2. Date of Birth (in Christian era)
- 3. Date of retirement under Central/ State Government rules
- 4. Educational Qualifications
- 5. Details of employment in the chronological order. (SEPARATE SHEET MAY BE ENCLOSED)

| Office | Post held | From | То | Scale of pay | Nature of |
|----------------------|-----------|------|----|--------------|------------|
| /Instt./Organization | | | | and basic | duties |
| | | | | pay therein | performed. |
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- 6. Nature of present employment i.e. ad-hoc or temporary or quasi-permanent or permanent.
- 7. 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 parent office/organization to which you belong
- 8. Additional details about present employment. Please state whether working under:-

(indicate the name of your employer against the relevant column)

- (a) Central Government
- (b) State Government
- (c) Autonomous Organization
- (d) Public Undertakings
- (e) Universities
- (f) Others
- 9. Please state whether you are working in the same Department and are in the feeder grade or feeder to feeder grade.
- 10. 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.
- 11. Total emoluments per month now drawn
- 12. Additional information, if any, which you would like to mention in support of your suitability for the post.

(This among other things may provide information with regard to-

- (i) Additional academic qualifications
- (ii) Professional training
- (iii) Work experience over and prescribed in the vacancy circular (enclose a separate sheet if the space is insufficient)

13. Remarks (The candidates may indicate information with regard to-)

- (i) Research publications and reports and special projects
- (ii) Awards/scholarship/official appreciation
- (iii) Affiliation with professional bodies/institutions/societies and
- (iv) Any other information.

(Enclose a separate sheet if the space is insufficient)

Date: _____

Signature of candidate_____

Place:_____

Recommendation of the Competent Authority

- i) Service particulars given by the applicant are verified w.r.t service records and found to be correct. Photocopies of the ACTs/APARs for preceding 5 years are enclosed.
- ii) The Officer is clear from vigilance angle.
- iii) If the Officer is selected for appointment on deputation in the office NIPHM, Hyderabad, he/she will be relieved within 15 days of receiving the intimation in this Ministry/Department/Organization.

Signature of the Competent Authority (with Office Stamp)