BIO – DATA – PROFORMA

| | | Application facilities All India Ins | _ | st of Sanitati Aedical Scien | | | |
|----------------------------------|---|--|--|---|---|----------------|--|
| | | 1 | | | · | | |
| 1. | Name and address in BLOCK letters | | | | | | Please attached Recent Passport Size Photo |
| 2. | Date of Birth (in Christian era) | | | | | | |
| 3. | Date of retirement under Central/State Government Rules | | | | | | |
| | Educational Qualification | i) | | | | | |
| 4 | | ii) | | | | | |
| 4. | | iii) | | | | | |
| | | iv) | | | | | |
| 5. | Whether education qualifications requipost are satisfied. | | | | | | |
| 6. | If any qualification has been treated as equivalent to the one prescribed in the rules, state the authority for the same. | | | | | | |
| | Qualifications/ Experience required | | | | Qualifications/ Experience possessed by | | |
| 7. | Essential Eligibility Officers of the 200 Union Territory G Statutory / Local Se undertakings: (i) Holding analogo OR (ii) Holding a post years of regular serv | tal of Cen Central A Bodies or lar basis; | atral / State / autonomous / Public Sector | | the Of | ncer | |
| 8. | Please state clearly whether in the light of entries made by you above, you meet the requirements of the post. (Yes/No) | | | | | | |
| | ails of employment i | • | order (Encl | lose a separate | sheet, dul | y authenticate | ed by your signature |
| Office/Institution /Organization | | Post held on regular basis | | *Pay-band ar pay (Scale of held on regu | Pay post | highligh | duties (in Details) ting experience the post applier for |
| | | From | То | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

| 10. | Nature of preser permanent or per | nt employment (i.e.ad-hoc c rmanent) | | | | | | | |
|---|--|---|--|---|--|--|--|--|--|
| 11. | In case the present employment is held on deputation/contract basis, Please state: | | | | | | | | |
| (a) The date of appointment | | (b) Period of appointment on deputation/contract | (c) Name of the parent office/organization to which you belong | (d) Name of the post and Pay of the Post held in substantive capacity in the parent organisation | | | | | |
| | | | | | | | | | |
| 12. | Please state when (A) Central C (B) State Go (C) Autonom (D) Governm (E) Universit (F) Other | | | | | | | | |
| 13. | | re you in revised scale of pay? If yes, give the date from which the vision took place and also indicate the pre-revised scale. | | | | | | | |
| 14. | support of your s | mation, if any, which you we tritability for the post (Enclose the space is insufficient) | | | | | | | |
| 15. | Whether belongs | er belongs to SC/ST (if yes, please specify) | | | | | | | |
| 16. | Contact Nos. | 1) Office | | | | | | | |
| | | 2) Residence | | | | | | | |
| | | 3) Mobile | | | | | | | |
| | | 4) E-mail address | | | | | | | |
| | | | Candidate's Address: | Signature of the Candidate | | | | | |
| Date: | | | | | | | | | |
| | Certification by the Employer / Cadre Controlling Authority | | | | | | | | |
| I. | . It is certified that there is no vigilance or disciplinary case pending/contemplated against Shri/Smt. | | | | | | | | |
| II. His/ Her integrity is certified. III. His/ Her CR Dossier in original is enclosed/photocopies of the ACRs for the last 5 years duly attested by an officer of the rank of Under Secretary of the Govt. of India or above are enclosed. IV. No major/minor penalty has been imposed on him/her during the last 10 years. | | | | | | | | | |
| Countersigned: | | | | | | | | | |
| Empl | [Employer/Cadre Controlling Authority with Seal] | | | | | | | | |
| Date: | | | | | | | | | |