## **BIO – DATA – PROFORMA**

			_	ost of Sanitati Medical Scien					
1.	Name and address is letters					Please attached Recent Passport Size Photo			
2.	Date of Birth (in Ch								
3.	Date of retirement u Central/State Gover				1				
	Educational Qualification	i)							
4.		ii)							
		iii)							
		iv)							
5.	Whether educational and other qualifications required for the post are satisfied.								
6.	If any qualification treated as equivaled prescribed in the rule authority for the sar	nt to the one es, state the							
	Qualific	Qualifications/ Experience possessed by the Officer							
7.	Essential Eligibility Officers working in UT. Governments Local Self-Gover Undertakings: (i) Holding analogo (ii) Holding a Post years of regular								
8.	Please state clearly whether in the light of entries made by you above, you meet the requirements of the post. (Yes/No)								
	tails of employment in space below is insuff		order (Encl	ose a separate	sheet, duly a	authenticated	d by your signature		
Office/Institution /Organization Post held ba			is	*Pay-band at pay (Scale of held on regu	Pay post	highligh	duties (in Details) ting experience the post applier for		
		From	То						
10.	Nature of present er permanent <b>or</b> perma		ad-hoc <b>or</b> te	mporary <b>or</b> qu	asi-				

11.	In case the present employment is held on deputation/contract basis, Please state:										
` ′	The date intment	of	(b) Period of appointment on deputation/contract	(c) Name parent organization which you be	of the office/ to long	(d) Name of the post and Pay of the Post held in substantive capacity in the parent organisation					
12.	(A) Cent (B) State (C) Auto	ral (e Go onon ernn versi	Government overnment on the state of the sta								
13.		Are you in revised scale of pay? If yes, give the date from which the evision took place and also indicate the pre-revised scale.									
14.	Additional information, if any, which you would like to mention in support of your suitability for the post (Enclose separate sheets, duly authenticated, if the space is insufficient)										
15.	Whether belo	Whether belongs to SC/ST (if yes, please specify)									
	Contact Nos.		1) Office								
16.		2) Residence									
		3) Mobile									
			4) E-mail address								
				Candidate's Ad	ldress:	Signature of the Candidate					
Date:											
I.	Certification by the Employer / Cadre Controlling Authority  It is certified that there is no vigilance or disciplinary case pending/contemplated against Shri/Smt.										
<ul> <li>II. His/ Her integrity is certified.</li> <li>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.</li> <li>IV. No major/minor penalty has been imposed on him/her during the last 10 years.</li> </ul>											
Countersigned:											
[Employer/Cadre Controlling Authority with Seal] Date:											