## PROFORMA Application for appointment on deputation (to be fill up in BLOCK LETTERS)

1.	Name of Ap	plicant					
2.	Post applied	for					
3.	a) Present basis)	post held (whether	Post: Place of Posting Department	g:			
4.	designa office/o	ently on deputation, ation of the post hel cadre and scale of p sent basic pay in the					
5.		Band and Grade Pa					
6.	Date of getti	ing the parent pay s					
7.	Date of Birt	h					
8.	Date of entr	y into Govt. Servic					
9.	Date of Reti	rement					
10.	Office Address						
11.	Applicant's	Phone					
12.	E-mail Addı	ress					
13.	Educational Qualification						
14.	Position hel	d since entry into so	ervice (in ch	ronological or	der)		
1 1	gnation & e of Posting	Scale of Pay (pre-revised)	From	То	Whether post he ad-hoc basis	eld on regular or	_
15.	Name and address, telephone number of concerned Administrative officer in the office of Directorate of Department/Organization.						
16.	Describe the career.	Describe the responsibilities of post held by you in your career.				1. Name of Post: 2. 3.	
17.	Whether you are comfortable to work on computer				MS Word	Yes/No	
					MS Excel	Yes/No	
					Power Point	Yes/No	

18.	Any commendable achievements during Govt. Service.	
19.	Any Other	

Date: Signature of Candidate

## For Office Use Only

Particulars of the applicant verified and found correct. No disciplinary proceedings or any type of vigilance enquiry is pending against the applicant. Therefore, application is forwarded to Vice Chancellor, Pt. B.D. Sharma University of Health Sciences, Rohtak for consideration.

Signature of HoD/Appointing Authority
Along with Stamp