

PROFORMA

Application for the Post of Personal Assistant on Deputation Basis at
ICAR – CIFE, Mumbai

| | | | |
|----|---|-----------|--------------------------------------|
| 1 | Name of the candidate (IN BLOCK LETTERS) | : | |
| 2 | Designation | : | |
| 3 | Date of Birth | : | |
| 4 | Place of Posting | : | |
| 5 | Date of appointment and Pay Level or Basic Pay (Pay Band + Grade Pay) of the present post held on regular basic | : | |
| 6 | Whether permanent / temporary | : | Permanent / Temporary |
| 7 | Educational & other qualification | : | |
| 8 | Category | : | General / SC /ST/ OBC |
| 9 | Whether differently abled | : | Yes / No If yes, whether PH/OH/HH |
| 10 | Brief particulars of the ICAR service including the present post : | | |
| | Name of the Institute | Post held | Scale of Pay |
| | | | Period |
| | | | From to |
| | | | Nature of duties |
| | | | |
| | | | |
| 11 | Any other information / particulars relevant to the service of the applicant | | |

Declaration

I, _____ hereby declare that all the statements made above are complete and correct to the best of my knowledge and belief. In the event of any information found false or incorrect at any time before or after the selection, action may be taken against me as per CCS (CCA) Rules, 1965 and I shall abide by the decision of the Director, ICAR- Central Institute of Fisheries Education, Mumbai.

Date:

Signature of the applicant

Place :

CERTIFICATE TO BE FURNISHED BY THE HEAD OF OFFICE

Certified that the information furnished by the candidates has been verified from the service records of the application and found correct.

Signature with Seal