

TO BE FILLED BY THE CADRE CONTROLLING AUTHORITY

NAME OF THE OFFICER:

SERVICE:

CADRE:

BATCH:

Date of Birth:

1. a) **Whether the officer has ever been debarred :
from Central Deputation**
 - b) **If Yes, period of debarment**

2. **Has the Officer been on any deputation before :**

3. **If yes –**
 - a) **Date of commencement of deputation**
 - b) **Date of completion of deputation**
 - c) **Date of completion of cooling-off**

Signature of the officer certifying the proforma

Name

Designation

Stamp

ANNEXURE – IV

TO BE FILLED BY THE CADRE CONTROLLING AUTHORITY

NAME OF THE OFFICER:

SERVICE :

CADRE :

BATCH :

Date of Birth :

1	Whether APAR Dossier is Complete upto 31/3/2022	YES/NO
2	APAR for any year (in the last 5 years) not available in the Dossier (Reason for non-availability or NRC be given)	
3	Adverse entries if any (expunged or unexpunged) in any APAR(s) If Yes, Year-wise details Thereof.	YES/NO
4.	APAR grading of the last 05 years	

Year/Period	Grading		
	Reporting Authority	Reviewing Authority	Accepting Authority

Signature of the officer certifying the proforma

Name

Designation

Stamp