

24. EDUCATIONAL QUALIFICATIONS
(Please only mention Graduation and above)

Sl. No.	Qualification	Subject (1) Subject (2)	Year / Division	Institution University Place Country
1				
2				
3				

25. TRAINING DETAILS
(Please mention trainings of duration of only more than 1 month)

Sl. No.	(i) Training Name (ii) Institute (iii) Country	Training related to Specialization in Subjects	From Date To Date
1			
2			
3			

26. EXPERIENCE DETAILS

(Please provide up to date experience details)

Sl. No.	Type of Posting (Cadre/Centre)	(i) Level/Pay Scale (ii) Designation	Ministry Department Office Place	Field of experience acquired during the posting (Major & Minor)	Tenure From & Tenure To
1					
2					
3					
4					
5					

The information furnished above by me is correct.

(Signature)

To be filled by the Cadre Controlling Authority

(This should be filled by the competent authority of State Govt. / Cadre Controlling Authority as prescribed in the letter)

It is certified that the above information given is correct as per record.

Signature:

Name:

Designation:

TO BE FILLED BY THE CADRE CONTROLLING AUTHORITY

NAME OF THE OFFICER:

SERVICE :

CADRE :

BATCH :

Date of Birth :

1. Whether any disciplinary proceedings have been initiated against the officer during his career, so far. if yes, details thereof
2. Whether any complaint including that of corruption, against the officer, which in the view of the State Government/Cadre Controlling Authority may have a direct bearing/relevance on the vigilance status/Integrity of the officer as on date, is pending against the officer. If so, details thereof.
3. Whether any preliminary inquiry or any other vigilance related matter is pending against the officer. If so, full facts of the pending matter.
4. Whether any criminal proceedings were registered against the officer during his career so far. If so, the details/present status and the final out come thereof.
5. Whether the name of the officer appears in the Agreed List.

Signature of the officer certifying the proforma

Name

Designation

Stamp

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