



PUSHPA GUJRAL SCIENCE CITY

JALANDHAR-KAPURTHALA ROAD, KAPURTHALA

Please read the instructions before filling this form and use separate sheet if the space is insufficient.

Application Form for Appointment of DIRECTOR GENERAL

For Office Use

Application No.:

Received on:

Fee: Rs.

Name of the Bank:

Affix Recent
Passport Size
Photograph

1. Name (in block letters) : _____
2. Father's /Husband Name : _____
3. Date of Birth : _____ Sex: _____
(Attach Self Attested copy of the proof)
4. Age : Years Months Days

5. Nationality : _____
6. Place of Birth : _____
7. Marital Status : _____ Religion: _____
8. Category (Whether General /SC/ST/OBC) : _____
(Attach proof of community)
9. Whether Physically Handicap (Orthopedically) : _____
(Attach proof of minimum 40% disability)
10. Address for communication : _____

Pin Code: _____
11. Contact Phone No. : _____
Mobile No. : _____
E-mail address : _____

17. Two significant achievements : 1. _____

2. _____

18. Administrative / Managerial Experience :
with financial control
(Attach supporting document by the
Competent Authority) _____

19. Give names, designations and complete : 1. _____
addresses and telephone nos. of two
References who are familiar with your
work & conduct _____
2. _____

20. Applicants willing to apply on deputation must forward their applications through proper channel accompanied with Vigilance Clearance Certificate as well as attested copies of the ACRs for the last five years. Certificate from employer as per **Appendix - I**.

21. How do you consider that you are suitable for the post? Describe in 250 words on a separate sheet?

22. Any other relevant information : _____

23. List of Enclosures : _____

24. Declaration :

I declare that all information supplied by me, as above are true, complete and correct to the best of my knowledge and belief and there are no vigilance / disciplinary cases pending or contemplated against me. I also fully understand that in the event of any information being found false or incorrect, my candidature may be summarily rejected or employment terminated.

Date : _____

Place: _____

(Signature of the Candidate)

Encl: Testimonials must be attached

CERTIFICATE TO BE FURNISHED BY THE EMPLOYER / HEAD OF OFFICE / FORWARDING AUTHORITY

Certified that the particulars furnished by Sh./Smt./Km. _____ are correct. There are no vigilance / disciplinary cases pending or contemplated against him / her.

Sh./Smt. _____ has been drawing salary in the scale _____ GP _____ or Basic Pay _____.

Please tick one below:

- The up-to-date Annual Confidential Report dossier attested copies of ACRs for last 5 years in respect of Sh./Smt./Km. _____ is enclosed.

- There is no Practice of maintaining Confidential Reports of employees in this Organization / Institution.

Date:

Signature of Head of Department / Forwarding Authority

Name :

Office :