

**ANNEXURE 3
APPLICATION FORM**

(For Public Sector /Port Officers on deputation- Through Proper Channel)
(Note: Any column left blank will make the application incomplete and liable for rejection.)

1. Name of the post applied for : _____
2. (a) Name (in full) : _____
(b) Father's / Husband's Name (in full) : _____
(c) Designation of the Applicant (in full) : _____
(d) Office Address: _____
3. Present Address: _____
4. Permanent Address: _____
5. Telephone No: Office _____, Residence _____ Fax No. _____
Mobile No. _____ E-Mail address _____
6. Date of birth and age as on date of vacancy : _____
7. Eligibility criteria:

	As per job description	Possessed by the officer	Whether eligible or not
Educational/professional qualifications(along with the name of Institutions)			
Pay Scale (Rs.)			
Length of service in eligible pay scale			

8. Positions held during the preceding years:-

Sl. No.	Designation and place of posting	Organization	From	To	Pay scale (Rs.)

- 8(a). Details of experience relevant for the advertised post and job description, out of 7 above:

Sl. No.	Designation and place of posting	Organization	From	To	Pay scale(Rs.)	Nature of experience

Note: If you wish, you may attach a write up in support of your candidature not exceeding two pages.

.....2/-

9. (A) Do you hold lien in any other organization? Yes No
If yes:
a) Name of the organization in which the lien is held.
b) Date from which the lien is held
- (B) Are you on deputation? Yes No
If yes:
a) Date from which you have been on deputation.
- 10.(a) Whether any punishment awarded to the applicant during the last 10 years Yes/ No
If yes, the details thereof
- (b) Whether any action or inquiry is going on against him as far as his knowledge goes. Yes/ No
If yes, the details thereof

I hereby declare that all the statements made in this application form are true, complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect at any stage or my not satisfying the eligibility criteria according to the requirements, my candidature/ appointment is liable to be cancelled/ terminated.

Date : _____
Place : _____ (Name and Signature of the applicant)

(To be filled by the PSU/Port/Ministry /Department concerned)

It is certified that the particulars furnished above have been scrutinized and found to be correct as per official records.

Date: _____
Place: _____

Signature & Designation
of the Competent Forwarding Authority with Tel.No. and Office
Seal.