

APPLICATION FOR REGISTRATION IN THE PANEL FOR DEPUTATION TO THE

.....

1. Name of Department / Board to which deputation is desired :

2. District to which request is being made :

3. Category of Post to which the request is being made :

4. Name (in Block letters) :

5. Present Designation and Office Address :

6. Date of Birth :

7. Qualifications :

- General :

- Special if any :

8. Date of Entry :

9. Experience :

10. Pay and Scale of Pay :

Place :

Date :

Signature of Applicant

COUNTER SIGNATURE OF THE HEAD OF OFFICE

BIO-DATA

- 1. Name :
- 2. Post held and name of Office :
- 3. Present Pay and Scale of Pay :
- 4. Age and Date of Birth :
- 5. Qualifications :
 - (a) General :
 - (b) Special :
- 6 Experience :
- 7. Permanent Residential Address :

- 8. Remarks :

Place :

Date :

Signature of Applicant

DECLARATION

.....declare that I am willing to serve the entire period of deputation as (Name of Post) under the and will not require for revision before the tenure of present deputation expires.

Name :

Designation:

Place :

Date :

Signature

STATEMENT UNDER THE RULES 144 (KSR PART- I)

(Vide Circular Memorandum No; 42765/Rule-3/62/Fin Dated: 15-08-1962)

1. Name of the Government Servant :
2. Date of Birth :
3. To whom lent :
4. Official Designation (Post held Substantively before transfer) :
5. Scale of Pay of the post in Government Service held substantively by the officer :
6. Head of account to which pay was debitabe before transfer :
7. Monthly rate of pay sanctioned in Foreign Service :
8. Service Rules applicable :
9. Rate of monthly contributions provisionally fixed under Rule :
 - (a) Leave Salary :
 - (b) Pension :
10. When lent :
11. Where to be recovered :
12. Whether creditable to State or Central :
13. Date of termination of Foreign Service :

SIGNATURE
HEAD OF OFFICE / DEPARTMENT