Application Form for the Post of Supervsior on Transfer/Deputation basis in Women and Child Development Department, Government of Haryana

1. Name of the Applicant (in Block Letters):
2. Father's Name (in Block Letters):
3. Postal Address:
4. Permanent Address:
5. Email Id:
6. Contact No. :
7. Date of Birth (DD/MM/YYYY):
8. The applicant is currently working with Govt. of Haryana (Yes/No):
9. Date of Retirement:
10. Educational Qualification *(Please enclose self-attested photocopies of relevant documents)*:
11. Whether eligibility conditions are fulfilled (Yes / No):
12. Details of employment, in chronological order. *(Enclose separate sheet duly Authenticated under your signatures, if the space below is insufficient)* :

Office/Institute/ Organisation	Post Held	Period	Pay Scale	Nature of Duty

13. Present Post Held:
    a. Date of initial appointment (DD/MM/YYYY):
    b. Period of appointment on deputation/contract (in months):
    c. Name of the parent Department/organization:
14. Additional details about present employment. *(Please state whether working under and indicate the name of your employer against the relevant column)*:
    a. State Government:
    b. Autonomous organization:
    c. Government Undertaking:
    d. Boards/Corporations/Authorities:
    e. Universities:
    f. Others (Please specify):

15. Are you in the revised scale of pay? If yes, give the date from which the revision took place and also indicate the re-revised scale of pay:

16. Current Pay Scale:

Please attach any other relevant information (supported by document, if any)

Declaration

I have carefully gone through the vacancy circular/advertisement and I am well aware that the application duly supported by documents submitted by me will also be assessed by the Selection Committee at the time of selection for the advertised post.

Place:
Date:

Signature of the Candidate

Official Address:

Countersigned
(HOD with Seal)