PRESCRIBED PROFORMA FOR SUBMISSION OF APPLICATIONS ON DEPUTATION BASIS

ıks)	Vacancy Notice No. (appears on the top right side of notice)	
tant leave blar	File No. (appears on the left side of vacancy notice)	
Important (please don't leave blanks)	Post against which application has been submitted	
ald)	Choice of station (wherever applicable)	

Personal Data

LGI 20	Ilai bata	-	
1.	Name	:	
2.	Gender	:	
3.	Service		
4.	Department	:	
5.	Category	:	
6.	Date of Birth	:	
7.	DITS (Date of entry into Time Scale)	•	
8.	Date of entry in Gr.B (wherever applicable)	:	
9.	Present pay band with Grade Pay and basic pay as on date of application	•	
10.	Present Designation & Railway	:	
11.	Contact Details		
	(a) Email ID	T:	
	(b) Telephone (0)	:	
	(c) Telephone (R)	:	
	(d) Mobile Number	:	
1		1	

12. Educational Qualifications:-

Qualification/Degree	Year/ Division	Institution/University, Place/ Country
The second secon	Qualification/Degree	

13. Experience Details:-

SNo.	Designation & Railway with Place of posting	Grade (i.e. Gr.B/SS, JAG/SG/SAG	From	То
	,			

14.	Details of previous deputation/ Foreign assignment, if any	:
15.	Whether debarred from deputation? If yes, please furnish details.	•
16.	Whether cooling off period completed? If yes, date of return from previous deputation with details, wherever applicable.	:

I certify that the details furnished by me above are true and I am eligible for the post as per the criteria laid down in the vacancy notice.

(Name and Signature of the applicant)

Place: Date:

Paste Passport Size Color Photograph.

TO BE FILLED IN BY THE RAILWAY WHILE FORWARDING APPLICATION FOR DEPUTATION

1.	Whether any disciplinary proceedings have been initiated against the officer during his career so far? If yes, details thereof	••	
2.	Whether any preliminary inquiry or any other vigilance related matter is pending against the officer. If so, full facts of the pending matter?	•	
3.	Whether the name of the officer appears in the Agreed List/ Secret List?	:	
4.	Whether the officer can be spared on deputation in the event of selection?	:	
5.	Please indicate ACR ratings for the last five years in respect of the officer. (wherever applicable)	:	

Signature of the officer certifying the proforma
Name:
Designation: