

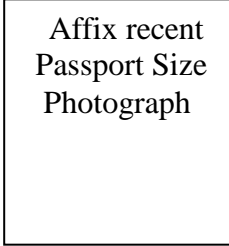
APPLICATION FORMAT FOR DEPUTATION BASIS

North Eastern Indira Gandhi Regional Institute of Health & Medical Sciences, Shillong

Advertisement No. & Date:.....

APPLICATION FOR THE POST OF

- 1. Full Name in Block letters :
- 2. Father's/Husband Name :
- 3. Date of Birth :
- 4. Age (As on the closing date of submission of applications) :
- 5. Sex (M/F) :
- 6. Permanent Address in Full :
- 7. Present Address in Full :
- 8. (a) Contact No & :
(b) Email Address :
- 9. Nationality (State whether by birth or by domicile):
- 10. Religion :
- 11. Do you belong to Schedule Caste/Schedule Tribe/OBC (NCL)? :
(Enclose Copy of valid certificate)
- 12. Do you belong to Economically Weaker Section (EWS)? :
(Enclose Copy of Income and Asset Certificate issued by a Competent Authority)
- 13. Do you belong to PWDs category (PH/VH/HH) ? :
(Enclose Copy of Disability Certificate issued by a Competent Authority)
- 14. Date of entry into Govt. Service :
- 15. Educational qualification :



Qualifications/experience possessed by the Officer

Essential:

- (1)
- (2)
- (3)

Desired:

- (1)
- (2)

16. Please state clearly whether in the light of entries made by you above, you meet the requirement of the post. :
17. Details of employment, in chronological order. Enclose a separate sheet, duly authenticated by your signature, if the space below is insufficient :

Office/Instt/Org	Post Held	From	To	Scale of Pay	Nature of appointment (i.e whether regular/adhoc/deputation)	Nature of Duties
1	2	3	4	5	6	7

18. Name of the post held substantive, if any and scale of pay thereof. :
19. Present Pay and date from which it is drawn (Scale in which drawn also to be indicated) :
20. Additional details about present employment Please state whether working under :
(a) Central Government
(b) State Government
(c) Autonomous organizations
(d) Government undertaking
21. Additional information, if any which you would like to mention in support of your suitability for the post. Enclose a separate sheet, if the space is insufficient :
22. Whether the officer satisfies all the conditions Prescribed for the post viz. qualification, experience and service in analogous posts :
23. Remarks if any :

24. Demand Draft No :..... Date:..... Amount:.....

Signature of applicant

Dated

Countersigned

Address.....
(Employer)

CERTIFICATE TO BE RECORDED BY THE EMPLOYER
WHILE FORWARDING THE APPLICATION

Certified that the particulars filled by Shri/Smti _____
Designation_____ have been verified and found correct. It is certified that no vigilance
case is pending or contemplated against Shri/Smti _____ and his/her integrity is beyond
doubt. Character Roll for the last five years is enclosed.

SIGNATURE OF THE EMPLOYING AUTHORITY
WITH STAMPS AND DATE

***NB: Last date of submission of applications is one month from the date of publication of this advertisement in the
Employment News.**

APPLICATION FORMAT FOR DIRECT RECRUITMENT

North Eastern Indira Gandhi Regional Institute of Health & Medical Sciences, Shillong

Advertisement No & Date:

APPLICATION FOR THE POST OF.....

1. Full Name in Block letters :
2. Father's/Husband Name :
3. Date of Birth :
4. Age (As on the closing date of submission of applications) :
5. Sex (M/F) :
6. Permanent Address in Full :
7. Present Address in Full :
8. (a) Contact No &:
(b) Email Address :
9. Nationality (State whether by birth or by domicile):
10. Religion :
11. Do you belong to Schedule Caste/Schedule Tribe/OBC (NCL)? :
(Enclose Copy of valid certificate)
12. Do you belong to Economically Weaker Section (EWS)? :
(Enclose Copy of Income and Asset Certificate issued by a Competent Authority)
13. Do you belong to PWDs category (PH/VH/HH) ? :
(Enclose Copy of Disability Certificate issued by a Competent Authority)
14. Details of Examination passed from Matriculation/School leaving certificate onwards:

Affix recent Passport Size Photograph

Sl No.	Name of School/College with Address	Examination Passed & Year of passing	Division/ Class obtained	% of marks obtained
1.				
2.				
3.				
4.				

15. Registration No (If any):

16. Experience:

Sl. No.	Name of the Institution	Name of the Employer	Post(s) held		Nature of duty	Reason of leaving
			From	To		
1.						
2.						
3.						
4.						

17. Demand Draft No :..... Date :..... Amount:.....

18. Whether No Objection Certificate from the Employer is attached, if not, reason thereof:

Declaration:

I hereby declare that the entries made in this form as above is true and correct to the best of my knowledge and belief. In the event of any information being found false/incorrect my candidature/services are liable to be terminated without any notice.

Signature of applicant

Station:

Date:

NB: Last date of submission of applications is one month from the date of publication of this advertisement in the Employment News

