

PROFORMA

APPLICATION OR HIRING OF RETIRED GOVT. OFFICIALS AS DIRECTOR (FINANCE & ACCOUNTS) IN PONDICHERRY STATE HEALTH SOCIETY UNDER NATIONAL HEALTH MISSION, PUDUCHERRY



1	Name				
2	Date of Birth				
3	Address for communication				
4	Contact Number				
5	E-mail id				
6	Particulars of Government Service				
	a. Date of joining in Government Service as				
	b. Date of retirement and the post in which retired				
	c. Name of the Department / Secretariat from which retired				
	d. Last Pay Drawn (Copy of PPO to be enclosed)				
7	Educational Qualification				
8	Details of knowledge in Computer				
9	Brief Particulars of Experience with nature of duties performed while in service				
Sl.No.	Name of the Department / Secretariat	Period		Post Held	Nature of Work
		From	To		
10	Additional Information if any, in support of the suitability for the post and testimonials				

Declaration

I hereby declare that the particulars furnished above are true and correct to the best of my knowledge and belief. I further declare that I was clear from vigilance angle at the time of retirement.

Signature of Applicant

Place :

Date :