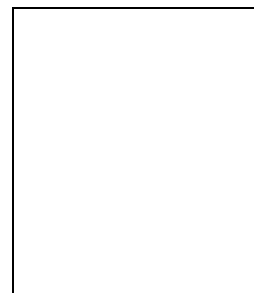


**Application For the Post of \_\_\_\_\_ on  
Deputation/Absorption basis in The Appellate Tribunal For Electricity**



1. **Name of the Applicant (in block letters)** : .....
2. **Father's/ Husband's Name** : .....
3. **Date of Birth (dd/mm/yy)** : .....
4. **Gender (M/F)** : .....
5. **Address for correspondence** : .....  
.....  
.....
6. **Contact No.** (a) **Mobile** : .....  
(b) **Landline** : .....  
(c) **E-mail** : .....
7. **Educational Qualification** (in chronological order):

Education Qualification	Board/University	Year of Passing	Division

**8. Details of Employment (in chronological order):**

Office/ Institutions/ Organizations	Pay Scale with Grade Pay (MACP Granted, please specify)	From	To	Please state whether working under Central/State Govt/Autonomous Org. or other category	Post held Permanent/ Deputation

**9. Nature of duties with the present post:**

.....

.....

.....

**10. In case the present employment is held on deputation, please state:**

- a) The date of appointment : .....
- b) Period of appointment on deputation : .....
- c) Name of the parent office/organization : .....  
to which you belong:

**11. Additional information, if any, which you would like to mentioned in support of your suitability for the post**

.....

.....

.....

Date:

(Signature of the Candidate)

Address:

**CERTIFICATE**

**(To be filled in by the authority forwarding the application)**

**Certified that :**

- i) The particulars furnished by the candidates have been checked from available records and found correct.
- ii) It has been verified that the candidate is eligible as per conditions mentioned in the circular
- iii) No vigilance/departmental case is either pending or being contemplated against the candidate.
- iv) Certified that copies of last 5 year ACRs duly certified by Gazetted officer are attached.
- v) There is no doubt about the integrity of the candidate.
- vi) In the event of the selection of the candidate, this organization shall have no objection to relieve him.

**Date :**

**Place :**

**Signature of the Officer.....**  
**Designation** .....  
**Address** .....  
**Telephone No.** .....  
**(Office Seal)** .....

Date \_\_\_\_\_

\*\*\*\*\*