PROFORMA

RAJIV GANDHI NATIONAL INSTITUTE OF YOUTH DEVELOPMENT

PART	`-A						
1.	Name of	Name of the Post :			Affix Latest Photograph		
2.	Name in	Name in Full(in Block Letters) :					
3.	Father's/Husband's Name :						
4.	Date of Birth : Age:						
5.	National	Nationality :					
6.	a) Addre	ess for Correspondence (in bl					
	-						
	-						
		Pin Code Felephone					
	b) Permanent Address (in block letters)						
	Pin Code						
7.		er you belong to (Pleas tick) copy of certificate)	: SCSTOB	CGen_			
8.	8. Educational Qualifications : (In chronological order from the Matric /SSLC and onwards)						
	Sl.No.	Degree/Specialization	University/Institution	Division or equivalent	Percentage of Marks		
·							
·							

9. Professional Training :

Sl.No.	Organisation	Period		Particulars of Training
		From	То	

- 10. Knowledge of working on PC/Work station and Familiarity with software Packages (Please specify):______
- 11. Employment Record (details in reverse chronological order, starting with the last job), if any:

Sl.No.	Name & Address of the Employer	Period of service in each post (Duration in Months)		Designation of post held & Scale of pay	Nature of work and level of responsibilities
		From	То		

PART –B

Additional details about present employer, if any.

1. (a) Present Pay Scale____

(Central Govt./State Govt./PSU/Private Enterprises/Others) (Please delete which are not applicable)

(b) If pay scale has been revised recently, state the date of revision and also the pre-revised pay scale _____

(i) Basic Pay _____ Pre-revised _____

Revised

(ii) Dearness Allowances(iii) Other Allowances (Please specify)Total ______

- 2. Please state whether working under :
- a) Central Government
- b) State Government
- c) Autonomous Organisation
- d) Government Undertaking
- e) Universities
- f) Private Organisation

- 4. Name and address of 2 persons (Not related to you) who are well acquainted with your academic record and professional work for reference:-

1	2	

PART – C

DECLARATION

I certify that the foregoing information is correct and complete to the best of may knowledge and belief and nothing has been concealed/distorted. At any time I am found to have concealed/distorted any material information, my appointment shall be liable to be summarily terminated without notice/compensation.

Place_____

Date _____

PART-D

FORWARDING AUTHORITY/EMPLOYERS ENDORSEMENT (In case of Employment)

This	is	to	certify	that	Shri/Smt/Ms.	is working as
					_ from	on *regular/contract/tenure appointment in
our *	our *department/institute/organization. The above details given by him/her are verified and found					
corre	ct a	as p	ber our	recor	ds. It is furth	er certified that no vigilance/disciplinary case and
departmental enquiry is either pending or contemplated against him/her. The integrity or the						
officer is also certified. In case of *his/her selection,*he /she will be relieved on direct recruitment						
and *his/her lien *will/will not be retained by this organization.						

* Strike out whichever is not applicable

Signature of the Employer with Office Seal

SIGNATURE OF THE CANDIDATE

Date_____

Place_____

Note: Self attested copies of all the relevant document must be attached with the application