

**APPLICATION FORM FOR DEPUTATION POSTS**

**PROFORMA**

1.	Post applied for		<i>Passport size Photograph</i>	
2.	Applicant Name			
3.	Present Office Address			
4.	Present Designation			
5.	Date of birth			
6.	Date of retirement			
7.	Educational & Professional qualifications			
	Qualifications	Completed in	Name of Institutes	Subjects
a.				
b.				
c.				
8.	Details of employment <i>(from present to past. Give brief on work done in each employment/posting)</i>		a..... b..... c..... d.....	
9.	Nature of present employment (Regular/Temporary/Contractual/Deputation/etc.)			
10.	In case present employment is on deputation basis, please state:			
	a. Name of parent organization			
	b. Date of initial employment			
	c. Name of Borrowing organization, date and period of deputation.			
	d. Reason for applying for the deputation			
11.	Present pay-scale/pay-band & Grade Pay and Basic Pay			
12.	Additional information, if any			

Date:

Signature of Candidate

Place:

Mobile:

Email:

**FORMAT OF VARIOUS CERTIFICATES REQUIRED TO BE ENCLOSED ALONG  
WITH THE APPLICATION OF CANDIDATE WHO IS APPLYING FOR  
DEPUTATION**

**INTEGRITY CERTIFICATE**

After scrutinizing the Annual Performance Appraisal Reports of Shri/Smt./Ms. \_\_\_\_\_ who has applied for the post of <name of post applying for> in the All India Institute of Speech and Hearing, Mysore for deputation, it is certified that his/her integrity is beyond doubt.

(To be signed by an Officer of the Rank of Head of the Institution or above)

Name & Office Seal:

Date:

**VIGILANCE CLEARANCE CERTIFICATE**

Certified that no vigilance case or disciplinary proceedings or criminal proceedings is either pending or contemplated against Dr./Shri/Smt./Ms. \_\_\_\_\_ who has applied for the post of <name of post applying for> in the All India Institute of Speech and Hearing, Mysore for deputation.

(Authorized signatory)

Name & Office Seal:

Date:

**NO PENALTY CERTIFICATE**

Certified that no minor/ major penalty has been imposed on Dr./Shri/Smt./Ms. \_\_\_\_\_ who has applied for the post of <name of post applying for> in the All India Institute of Speech and Hearing, Mysore for deputation, in the past.

(Authorized signatory)

Name & Office Seal:

Date: