Application for Deputy General Manager (E-5) /Assistant General Manager (E-4) on Deputation / Absorption basis for Legal

(Through proper channel in case of Govt./CPSE/SPSE candidates)

	Applied For: DGM (E5) / AGM (E4) (Tick as applicable)								
	Applied	Applied For: Deputation / Absorption (Tick as applicable)							
1.	Name of	Applicant:					ASTE ASSPORT SIZE HOTGRAPH		
2.	Designat	ion of Applicant							
3.	Office Address								
4.	Address	for Communication		4 (a) Caste Category					
5.	Telephone No: Off: , Res			, Fax no.					
	Mobile r	Mobile no.			E-Mai				
6.	Date of l	Birth (DD/MM/YYYY	Y):						
7.	DETAILS RELATED WITH ELIGIBILITY CRITERIA: a) EDUCATIONAL QUALIFICATION								
	S/N	Educational/Profess	ion Qualification	Name of Ins	titute & Unive	ersity	Marks	Obtained/Grade	
•									
	b) Lengt	b) Length of Service in eligible Scale (as on 01.10.2022)							
	c) Age as on 01.10.2022								
	d) PRO	FESSIONAL EXPERIFY Designation	Place of Posting Organization	<u></u>	То	Pay Scale (C Pvt. Candida		Job Description/ Experience	
	1. 2.								
	3. 4.								
	5. 6.								
·	7.								
	8. 9.								
	10.								

e) Significant achievement/Awards if any:							
8. Whether any punishment awarded to the applicant during the last 10 years:							
If yes, the details thereof							
9. Whether any action or enquiry is going on against him/her as far as his knowledge goes:							
If yes, the details thereof							
10. I hereby declare that none of my relatives are working in TCIL or its associated companies.							
If yes, the details of such employees are as below with name and designation							
UNDERTAKING							
(i) I certify that the details furnished by me in Cols. 1 to 10 are true and nothing is being hidden and I am eligible for the post.							
(ii) I have not ever been convicted by any court of law or arrested by any law enforcement agencies within India or outside or facing any criminal proceedings in any court of law. If yes, the details are as below-							
(iii) I further submit my willingness that I will join the post, if selected. In case, if I give my unwillingness after the interview is held, but before the appointment is processed or after issue of offer of appointment, I may be debarred for a period of two years for being considered for appointment to any post in TCIL.							
Place: Date: () Name & Signature of Applicant							
(To be filled by the PSU/Ministry/Department concerned in case of Govt. candidate)							
It is certified that the particular furnished above have been scrutinized and found to be correct as per official records.							
Signature & Designation of the Competent Forwarding Authority with Tel No., & Office Seal							