PROFORMA

1. NAME																
(in full)																
2. ADDRESS												Paste photograph here				
4. Date of Birth & Age as on 07.05.2024																
5. EDUCAT	ION	AL (Q UA	LIF	ICA	110	N									
5.a Whether Insitution: If yes. Pleas	•	-			st Gr	adua	ite D	egre	ee fro	om a	reco	gnis	ed U	Jnive	ersit	y or YES/NO
6. TRIBE																
7. Please indicate if any criminal action has been taken against you. If yes. Give details												YES/NO				
8. Please ind	licate	e the	e foll	lowi	ng p	arti	cula	rs if	reti	ired	Gov	erni	nen	t Of i	ficia	ıl:
a. Service/ D	epart	tmer	nt to	whi	ch y	ou b	elon	ged:								
b. Last Post	held															
c. Last Scale	e of P	ay														
d. Whether a service: If yes. Give			olina	ıry a	ction	n hac	l bee	en in	itiate	ed ag	gains	t yo	ı du	ring	you	r YES/NO

9. Details of positions held in the last 25 years if applying for member/30 years if applying for Chairperson starting with last (most recent position)

Sr l N o	Name of Office/Organisation whereemployed	Posts held	Fro m	То	Pay Scale/Salary
1	2	3	4	5	6

10. Details of experience in the last 25 years if applying for member/30 years if applying for Chairperson, in field of Public Administration, Public Service or Academics starting with the last (most recent experience)

Field of experience in last25/30 years	Nature of Duties	Period of	Organisation in which therelevant experience was gained
a. Public Administration			
b. Public Servicec. Academics			

11.Additional information	, if any,	which you	would	like to	mention	in suppor	t of your	application	on
for the post	-	-					-		

(Name & Signature of the applicant) Mobile No. Date: