Application for Chief General Manager (E8) on Deputation/Immediate Absorption basis for IT & Telecom

	(Through proper channel for Govt./CPSE/SPSE candidates)			
1.	Name of Applicant :	PASTE		
2.	Designation of Applicant :	PASSPORT SIZE PHOTOGRAPH		
3.	Office Address:,			
4.	Address for communication:4 a Caste Category			
5.	Telephone No: Off.:, Res:, Fax No.:			
	Mobile No.: E-Mail Id:			
6.	Date of Birth (DD/MM/YYYY):			

7. DETAILS RELATED WITH ELIGIBILITY CRITERIA:

a) EDUCATION QUALIFICATION:

S/N	Educational/ Profession Qualification	Name of Institute & University	Marks Grade	Obtained/

- c) Length of Service in eligible Scale (as on 27.12-2021):
- d) Age as on as on 27.12-2021:

e) PROFESSIONAL EXPERIENCE (since beginning):

S/N	Designation	Place of Posting & Organization	From	То	Pay	Scale	Job Description/ Experience
1.							
2.							
3.							
4							
5.							
6.							
7.							
8.							
9.							

- f) Significant achievements/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, 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 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 particulars furnished above have been scrutinized and found to be correct as per official records.

Signature & Designation of the Competent Forwarding Authority with Tel. No., Email & office Seal.