

PROFORMA

**SERVICE PARTICULARS OF CLERKS IN THE TECHNICAL
EDUCATION DEPARTMENT WHO WERE APPOINTED DURING THE
PERIOD FROM 01/04/1988 TO 31/03/2009 AND OF THOSE WHO WERE
NOT PROMOTED PRIOR TO 01/04/1988**

- 1 Name, Designation & Name of Office :
- 2 Date of Birth :
- 3 State whether SC / ST :
- 4 Qualification (General) :
- 5 Department Tests with month/year of passing :
- 6 Date of commencement of service as L.D.Clerk/
Clerk Typist in :
- (i) Technical Education Department :
- (ii) Other Department, if any, furnish details :
- (iii) Specify district /districts and period of service District : From : To:
- 7 (i) No Date of earliest effective advice in the case
of PSC candidates with name of DRB :
- (ii) No & date of Appointment Order :
- 8 (i) Whether advised for appointment in the head
Quarter's vacancy, if yes :
- (ii) Whether he/she got transfer to the district of:
his/her option. :
- 9 (i) Whether he/she is a regularly absorbed provisional
employee (Employment Exchange) Physically
Handicapped employee :
- (ii) If yes, date of effect of regularization of such:
Appointment, No: & Date of order should be furnished :
- (iii) District to which regularly absorbed.
- 10 In the case of appointment under compassionate
employment scheme.
- (i) No & Date of Government Order :
- (ii) No & Date of appointment order :
- (iii) District of option and district of appointment
(Specify period) :

11 Whether inter-district transfer is ordered
before completion of 5 years of service
on any special grounds :

If yes, details of such special grounds :

12 Details of deputation/ suspension, if any :

13 Details of LWA :

14 Date of completion of probation in the post
of L.D.Clerk/Clerk Typist :
(a) In Government service :
(b) In the Technical Education Department :

15 Date of acquisition of test qualification for
Promotion as U.D.Clerk (Specify Lower/Higher) :

16 In the case of Typists/Clerk Typists,
Whether he/she opted promotion/Interchange-
ability as U.D Clerk, If yes, furnish details :

17 Remarks

Place :

Date :

Signature

Name of the Employee

CERTIFICATE

Certified that the details furnished above (1 to 17) have been verified with reference to the Service Book of the incumbents and found correct.

Place :

Date :

Signature

Head of Institution:

Name

Designation

(Office Seal)

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