

APPLICATION FORMAT FOR CONSULTANT

Photograph
(Self attested)

1	Name in full (Block Letter)			
2	Father's Name			
3	Address for correspondence (with PIN CODE)			
4	Telephone / mobile no. & Email ID			
5	Date of birth & date of retirement from Govt. Service			
6	Last post held at the time of retirement			
7	Name & address of last office from which retired			
8	PPO & LPC No. (copies to be attached)			
9	APARs for the last five years (to be attached, if available)			
10	Last pay drawn at the time of retirement including pay level (as per pay matrix 7 th CPC)			
11	Educational Qualification (Matriculation, High School, Graduation, Post-Graduation & other if any)			
	Exam Passed	Year of Passing	College/ Board and University	Class/ Division and aggregate % of marks (for all years/ sems.
				Main Subjects offered

12	Brief Particulars of experience in Govt. Service (for last 10 years) (Attach a separate sheet, if necessary)			
Organization	Post Held	Period		Nature of work
		From	To	
13	Reward/ Appreciation/ Commendation letter received during last 10 years.			
14	Details of Punishment including quantum of punishment, date of punishment order, nature of misconduct	Major Penalty		
		Minor Penalty		
15	Whether facing or ever faced any criminal or disciplinary proceedings. If yes, give details.			
16	Details of Present employment (Wherever applicable)			
17	Any other information			

I hereby declare that all the statements in this application are true and complete to the best of my knowledge and belief. I further declare that I was clear from vigilance angle at the time of retirement. I have read this document and I agree to accept the terms & conditions for engagement as Consultant. I also understand that any action can be taken against me including termination of engagement, if I am found guilty of any misconduct or offence.

Signature of the Candidate _____

Date : _____

Place : _____

UNDERTAKING OF CONFIDENTIALITY

I UNDERTAKE THAT SAVE AS MAY BE SPECIALLY AUTHORISED, I SHALL NEVER COMMUNICATE TO ANY PERSON OR REFER IN CONVERSATION TO ANY INFORMATION, WHICH I MAY HAVE ACCESS TO DURING MY ENGAGEMENT WITH CBI. I CERTIFY THAT I HAVE READ AND UNDERSTOOD SECTION 5 OF THE OFFICIAL SECRETS ACT [(NO.XIX) OF 1923] UNDER WHICH CONTRAVENTION OF THIS UNDERATAKING IS A CRIMINAL OFFENCE.

SIGNATURE.....

(NAME).....

DESIGNATION.....

SIGNATURE OF HEAD OF OFFICE

(For official purpose)

FORMAT OF DOSSIERS OF APPLICANT

NAME _____

Date of Birth & Date of retirement from services	Educational Qualification	Work Experience	Details of all employment after retirement	Appreciation/ Rewards / Medals Received	Details of Punishment if any	Last Pay received	Basic Pension received at the time of retirement	APAR Grading of the last 05 years	Any other significant achievement	Remarks
1	2	3	4	5	6	7	8	9	10	11