# APPLICATION FOR ENGAGEMENT OF CONSULTANT

1. Full Name : …………………………………………………………

1. Designation (at the time of superannuation): …………………………………….
2. Name of Organization last worked in: …………………………………………….

4. Date of Birth: …………………………………….

5. Present postal address: …………………………………………………..

6. Permanent address: ……………………………………………………..

7. Mobile No: ……………………………….

8. Alternative Mobile/Landline No: ……………………………………….

9. E-mail address: ……………………………………………..

1. EDUCATIONAL QUALIFICATION\*

|  |  |  |  |
| --- | --- | --- | --- |
| Specialized  Qualification, if any. | University/Institute | Discipline | Remarks |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

\* Please enclose self-attested copy

1. DETAILS OF PREVIOUS PROFESSIONAL EXPERIENCE

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Sl No | Positions  held/designation | Nature of work/  experience | Approx.  duration (yrs) | Remarks |
|  |  |  |  |  |
|  |  |  |  |  |

1. Last pay drawn (with Basic Pay & Grade) ……………………………………

…2/-

: 2 :

1. Retirement reference (Please enclose self-attested copy of PPO)/Service Certificate/last salary slip
2. Whether any departmental or criminal proceedings are pending against or have ever resulted in imposition of penalty on the applicant.

If yes, details thereof:…………………………………………………………………………

# U N D E R T A K I N G

I …………………………………… solemnly declare that information given above is correct and complete. For any information found incorrect at any stage, I shall be liable for termination of my aforesaid engagement as Inquiry Officer.

Name & Signature of the applicant

Date: …………..

Place: …..………