

No.A-34012/2/2024/DP&AR(EXAM)
GOVERNMENT OF PUDUCHERRY
DEPARTMENT OF PERSONNEL AND ADMINISTRATIVE REFORMS
(PERSONNEL WING)

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Puducherry, dated: 09.01.2024.

I.D. NOTE / MEMORANDUM

Sub: Public Services – Conduct of **Jail Test** - Application called for -
Regarding.

Ref: 1. G.O.Ms.No.43/91-P&AR(Exam) dated 08.05.1991 of the
DP&AR(PW), Chief Secretariat, Pondicherry.
2. G.O.Ms.No.42/74-P&AR(Exam) dated 03.05.1974 of the
General Administration Department, Pondicherry.

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The **JAIL TEST** as prescribed in the G.Os cited is proposed to be conducted tentatively during the month of March, 2024.

2. The Superintendent of Jails, Director of Social Welfare Department, Director of Adi Dravidar Welfare & Scheduled Tribes Welfare Department, Director, Department of Women and Child Development, & Director of Backward Classes and Minorities Welfare Department, Puducherry are requested to bring the contents of this I.D.Note/Memorandum to the notice of all officers/staff concerned including those working in Karaikal / Mahe / Yanam and also to those who are on deputation and forward applications in the prescribed form (specimen enclosed) of officers/staff who are willing and eligible to take up the test so as to reach this Department **on or before 09.02.2024** after scrutiny. Applications received after the prescribed date will not be entertained on any account. Applications which are not in the prescribed form or which are found to be defective or incomplete shape, will summarily be rejected.

3. Only those Officers/Staff as mentioned in the G.Os cited in the reference and those in the feeder posts in the immediate line of promotion need apply.

4. The admission of the candidates to the test will be regulated in accordance with orders contained in G.O.Ms.No.37, dated 15-04-1976 of the GAD, Puducherry; G.O.Ms.No.16, dated 17-02-1999 of DP&AR(PW), Puducherry and U.O.Note / Memorandum No.3-1/83-GAD (Exam), dated 04-07-1983 of the GAD, Puducherry.

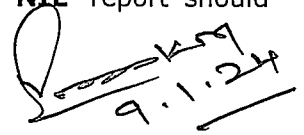
5. Those who have already appeared for the test twice, except Scheduled Caste / Scheduled Tribe / Ex-Servicemen / Physically Handicapped candidates, should send with their applications an Indian Postal Orders for ₹10/- (Rupees ten only) drawn in favour of **THE UNDER SECRETARY TO GOVERNMENT (DP&AR/Exam), DEPARTMENT OF PERSONNEL AND ADMINISTRATIVE REFORMS (PERSONNEL WING), PUDUCHERRY** (by designation only) payable at PUDUCHERRY as admission fee in accordance with the Government Orders cited at para 4 above, failing which their applications will summarily be rejected.

6. In case the official is transferred to other departments / any outlying region after the submission of application, the Department / Office where he / she has been transferred and also the Centre where he / she wants to take up the test should be intimated to this Department immediately. If any request for change of Centre is received after the despatch of the Hall Ticket, the same will not be entertained.

7. The actual date time and venue of the test will be intimated to the candidates in due course.

8. This Memorandum and the Syllabus of the test has been hosted in the official website <https://dpar.py.gov.in> for reference.

9. In case no application from eligible Officer/Staff is received, a 'NIL' report should invariably be furnished to this Department.


9.1.24

(V. JAISANKAR)
UNDER SECRETARY TO GOVERNMENT
(DP&AR / EXAM)

Encl: As above.

To

1. The Chief Superintendent of Jails, Jail Department, Puducherry.
2. The Director, Social Welfare Department, Puducherry.
3. The Director, Adi Dravidar Welfare & Scheduled Tribes Welfare Department, Puducherry.
4. The Director, Department of Women & Child Development, Puducherry.
5. The Director, Backward Classes and Minorities Welfare Department, Puducherry.

Last Date for submission of Application: **09-02-2024**

APPLICATION FORM FOR ADMISSION TO THE JAIL TEST

IMPORTANT NOTE: (i) No column should be left blank. (ii) Any omission will lead to summary rejection of the application and no correspondence will be entertained on this matter.

(To be filled by the candidate's own handwriting)

1. i) Name of the candidate
(In full and **BLOCK CAPITAL**) :
- ii) Candidate's PRAN / GPF Number :
- iii) Candidate's Mobile Number :
- iv) Candidate's E-mail Id :
2. i) Designation :
- ii) Present official address with Office Telephone Number :
- iii) In case the official is on deputation, the name of the
Department / Office from which deputed to be furnished :
3. i) Post held (whether regular or ad-hoc basis) :
- ii) In case the candidate officiates in the present post on ad-hoc
basis, indicate whether he / she hold any other post on regular
basis :
4. Classification of the post :
5. Educational Qualification :
6. i) Whether the candidate belongs to Scheduled Castes / Scheduled
Tribes / Ex-Servicemen / Physically Handicapped (Answer **YES**
or **NO**) :
- ii) If **YES**, specify SC / ST / XSM / OH / VH and should enclose copy
of relevant certificates (Community Certificate issued by the
Revenue Authorities / Medical Certificate issued by the Medical
Board).

The PwBD candidates who want to avail grant of extra time /
provision of scribe facility to attend the test should enclose
requisition letter stating reason for the same along with the
proforma. :
7. i) Date of Birth :
- ii) Date of initial appointment with designation :
- iii) Date of appointment in the present post :
8. i) Whether appeared previously for the test (tests conducted after
15-04-1976 alone need be taken into account) (Answer YES or
NO) :
- ii) If YES, indicate the Number of attempts already made with
particulars of date of conduct of the test :
9. Fee paid, if any, vide Indian Postal Order Number, Date and
Amount :
10. Name of the Centre in which the candidate is to be
examined (PUDUCHERRY / KARAIKAL / MAHE / YANAM) :
11. Specify the Part(s) of the test in which the candidate is willing to
sit for (Part-I / Part-II / Both Parts) :

Place:
Date :

SIGNATURE OF THE CANDIDATE

(TO BE FILLED IN BY THE HEAD OF DEPARTMENT / OFFICE)

Certified that the particulars furnished against item Nos. 1 to 8 by Thiru/Tmt./Seivi
_____ (Name of the candidate)
_____ (Designation) have been verified with
reference to the relevant records and found correct.

SIGNATURE OF THE HEAD OF
DEPARTMENT / OFFICE :

Place:
Date : NAME & DESIGNATION WITH SEAL :

Note: (i) Application from deputation staff should be routed through their parent department only.
(ii) For uniformity, **LEGAL** size printout of Application Form is preferred.