A-32016/45/2025-O/o SUPT DPAR SSII - CSE GOVERNMENT OF PUDUCHERRY DEPARTMENT OF PERSONNEL & ADMINISTRATIVE REFORMS (PERSONNEL WING)

Puducherry, dt. .12.2025.

I.D. NOTE

Sub: Public Services - Service Particulars of Thiru S. Sagayaraj Nadar, UDC - Called for - Reg.

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The Executive Engineer, Irrigation and Public Health Division, PWD, Karaikal is requested to furnish the service particulars in the Proforma enclosed, Integrity Certificate & No Disciplinary Proceedings Certificate in respect of Thiru S. Sagayaraj Nadar, UDC to this Department **on or before 31.12.2025** positively.

2. This may be given **PRIORITY**.

(S. MURUGESAN)
UNDER SECRETARY TO GOVERNMENT (PERSONNEL)

To The Executive Engineer, Irrigation and Public Health Division, PWD, Karaikal

PROFORMA

LDC Seniority No.

01. Name and Designation of the official :

02. Name of the Dept./Office in which working :

03. Date of Birth :

04. Date of regular appointment as LDC :

05. Date of regular appointment as LDC

06. Educational Qualification :

07. Whether SC/ST/PH : (attach a fresh community certificate issued under "The Constitution (Pondicherry) Scheduled Castes Order, 1964")

08. Whether passed the following (if Yes, indicate the date of Exam held)

i. Common General Deptl. Test for Ministerial staff :

ii. Accounts test for sub ordinate officers : Part-I Yes/ No (Part I & II) Part-II Yes/ No

iii. Typewriting English (Lower)

09. Whether passed apprentice Exam in the trade of Clerks (General)

10. Whether the official declared to have successfully completed the period of probation in the grade of LDC (if yes, indicate the date):

11. Is there any Break-in-service, if so details

12. Whether Disciplinary proceeding is pending

13. Whether Currently undergoing any punishment inflicted as a result of a disciplinary case? If so, the details thereof.

14. Whether under suspension :

15. Whether on long leave (with period)/ unauthorized absence etc. :

16. Whether Integrity certificate enclosed :

17. Whether declined promotion, if so, the details may be furnished. :

18. Residential Address :

SIGNATURE OF THE HEAD OF DEPARTMENT/ OFFICE