

No.A-35015/4/2004-DP&AR/SS.II(1)
GOVERNMENT OF PUDUCHERRY
DEPARTMENT OF PERSONNEL AND ADMINISTRATIVE REFORMS
(PERSONNEL WING)

Puducherry, dated 05.03.2025

C I R C U L A R

Sub: Public Services - Filling up of one vacant post of Manager (Accounts) in Pondicherry Society for the Care of the Aged (PONCARE), Puducherry on deputation basis - Reg.

It is proposed to fill up one vacant post of Manager (Accounts) in Pondicherry Society for the Care of the Aged (PONCARE), Puducherry on deputation basis from among the Superintendents or Assistants who have completed five years of service and having passed Accounts Test (Higher).

2. It is therefore requested that this may be widely circulated among the Superintendents and Assistants working under the cadre control of this Department and applications as per the proforma enclosed be obtained from willing and eligible officials and forwarded alongwith their APARs for the last five years, to this Department on or before **26.03.2025** duly certifying that the particulars furnished by the officials are verified and found to be correct.

3. It is also requested that the application of the ineligible officials and the application of the officials who have crossed 56 years of age as on the closing date of receipt of application need not be forwarded.



(V. JAISANKAR)

UNDER SECRETARY TO GOVERNMENT (PERSONNEL)

Encl: As above.

To
All Heads of Departments / Offices.

Copy to:

1. The Secretary, Pondicherry Society for the Care of the Aged (PONCARE),
Puducherry
2. Spare copy.

P R O F O R M A

- 1 Name of the Authority :: Pondicherry Society for the Care of
the Aged (PONCARE), Puducherry
- 2 Post applied for : Manager (Accounts)
- 3 Name of the Applicant :
(in BLOCK LETTERS)
- 4 Name of father/ husband :
- 5 Present post held and since when :
- 6 Level in the pay matrix and present :
pay drawn
- 7 Date of appointment in the present :
post
- 8 Department in which working at :
present
- 9 Date of Birth :
- 10 Educational Qualification :
- 11 Technical Qualification :
- 12 Details of Computer Knowledge :
- 13 Whether passed Accounts Test : Part- I : Yes / No, Date:
(Higher) Part- II: Yes / No, Date:
- 14 Details of Service :
(including deputation service)

Sl. No.	Designation	Department	Period	
			From	To

- 15 Whether belongs to SC/ST :
- 16 Residential Address with Mobile :
Number
- 17 Remarks :

Signature of Candidate

Place:

Date:

To be certified by the Head of Office

Certified that the particulars of the applicant have been verified and found correct.

No vigilance / disciplinary proceedings are either pending or contemplated against the official.

SIGNATURE OF
HEAD OF DEPARTMENT/OFFICE
SEAL: