GOVERNMENT OF PUDUCHERRY DEPARTMENT OF PERSONNEL AND ADMINISTRATIVE REFORMS (PERSONNEL WING)

No.A-35016/8/2004-DP&AR/SS.II(1)

Puducherry, dated 05.12.2024

CIRCULAR

Sub: Public Services – Filling up of one post of General Manager in Puducherry Adidravidar and Scheduled Tribes Development Corporation (PADSTDC) Ltd., Puducherry on deputation basis - Reg.

It is proposed to fill up one post of General Manager in Puducherry Adidravidar and Scheduled Tribes Development Corporation (PADSTDC) Ltd., Puducherry on deputation basis from among the Superintendents with five years of regular service.

- 2. It is therefore, requested that this may be widely circulated among the Superintendents working under the cadre control of this Department. The 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 **27.12.2024** 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 need not be forwarded.

(V. JAISANKAR)

UNDER SECRETARY TO GOVERNMENT(PERSONNEL)

Encl: As above.

То

All the Heads of Departments/ Offices.

Copy To:

- 1. The Managing Director, Puducherry Adidravidar and Scheduled Tribes Development Corporation, Puducherry.
- 2. Spare copy.

PROFORMA

1. Name of the Authority	ty :: PADSTDC, Puducherry.				
2. Post applied for		General Manager			
3. Name of the Applicant (in BLOCK LETTERS)	::				
4. Name of father/ husband				4	
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 workin at present	g (10)				
9. Date of Birth					
10. Educational Qualification					
11. Technical Qualification :					
12. Details of Computer Knowledge ::					
13. Whether passed Departmental Test:: Viz., CGDT & ATSO with date					
14. Whether passed Accounts Test (Higher)			Part-I:Yes / No, Date: Part-II:Yes / No, Date:		
15. Details of Service (including deputation ser	:: r vice)				
SI. Designation	Designation Department		Period		
No. Designation		Hent	From	То	
16. Whether belongs to SC/ST	* 1				
17. Residential Address	::		•		
18. Remarks	::				
Place:		Si	ignature of ca	ndidate	
To be certified by the Head of Office					
Certified that the particulars of the applicant have been verified and					

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: