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

No.A-35015/5/2017-DP&AR/SS.II(1)

Puducherry, dated 21.01.2025

CIRCULAR

Sub: Public Services – Filling up of one post of Assistant in Pondicherry Society for Higher Education, Puducherry on deputation basis - Reg.

It is proposed to fill up one post of Assistant in Pondicherry Society for Higher Education, Puducherry on deputation basis from among the Assistants or U.D.Cs with two years of service having passed the departmental tests.

- 2. It is therefore requested that this may be widely circulated among the Assistants and U.D.Cs 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 **14.02.2025** 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 need not be forwarded.

(V. JAISANKAR)
UNDER SECRETARY TO GOVERNMENT(PERSONNEL)

Encl: As above.

To

All the Heads of Departments/ Offices.

Copy To:

- 1. The Member Secretary, Pondicherry Society for Higher Education, Puducherry.
- 2. Spare copy.

PROFORMA				
1. Name of the Authority	:: PONSHE, Puducherry.			
2. Post applied for	:: Assistant			
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 workin at present	g :: /			
9. Date of Birth	::			
10. Educational Qualification	::			
11. Technical Qualification	::			
12. Details of Computer Knowl	edge ::			
13. Whether passed Departme Viz., CGDT & ATSO with d	ental Test:: ate			
14. Details of Service (including deputation se	:: ervice)			
SI. Besievation	Period			

CI			Period	
No.	Designation	Department	From	То

15. Whether belongs to SC/ST

16. Residential Address with Mobile No.::

17. Remarks

Place:

Signature of candidate

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: