No.A.48011/2/2020-DP&AR/SS.II(I) GOVERNMENT OF PUDUCHERRY DEPARTMENT OF PERSONNEL AND ADMINISTRATIVE REFORMS (PERSONNEL WING) .000.

Puducherry dated 23-11-2020

I.D. NOTE/MEMORANDUM

Sub: Public Services – Service particulars of Assistants – Called for.

It is proposed to consider Assistants for promotion to the post of Superintendent for the vacancy year 2020.

2. Heads of Departments / Offices are therefore requested to furnish the Service Particulars, Integrity Certificate and APARs of Assistants (from 2014 to 2019), who have completed 5 years of service in the grade and passed Accounts Test (Higher) as on 01-01-2020, working under their control in the Proforma enclosed, to this Department on or before 07-12-2020.

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

Encl: Proforma.

To

All the Heads of Departments / Offices.

<u>PROFORMA</u>

| 01. | Name of the Assistant | | | |
|-----|--|-----------|---------------------------------|----------------|
| 02. | Name of the Dept./ Office and date from which working | : | | |
| 03. | Date of Birth | • | | |
| 04. | Date of appointment as Assistant and Seniority Number (Final/Tentative) | : | Ad-hoc: Regular: | |
| 05. | Educational Qualification | : | | |
| 06. | Whether Passed Accounts Test (Higher) | | Part-I Yes/No Part-II Yes/No | Date: Date: |
| 07. | Whether Probation declared in the post of Assistant (only for officials regularized vide Memo. No.A.11019/6/2016-DPAR/SS.II(1),dt.31.03.20 | : | | |
| 08. | Whether SC/ PH /XSM [If belongs to SC, a copy of caste certificate obtained as per "The Constitution (Pondicherry) Scheduled Castes order, 1964) should be enclosed. | : d] | | |
| 09. | Whether any Break-in-service | : | | |
| 10. | Whether under suspension | : | | |
| 11. | Whether Disciplinary proceedings pending / Contemplated? | : | | |
| 12. | Whether currently undergoing any punishment as a result of a disciplinary case? If so, the detathereof and indicate the period of punishment | : ails | s: | |
| 13. | Details of long leave, including the period of unauthorized absence. | . • | | |
| 14. | Residential address with contact No. | • | | |
| 15 | Whether Integrity Certificate furnished | • | | |
| | | • | | |
| το. | Remarks, if any | • | | • |
| | | | | |

SIGNATURE OF THE HEAD OF DEPARTMENT/ OFFICE SEAL: