CIRCULAR

Sub: Public Services - Filling up of deputation posts in Pondicherry Society for the Care of the Aged, Puducherry on deputation basis - Reg.

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It is proposed to fill up one post each in the following category in the Pondicherry Society for the Care of the Aged, Puducherry on deputation basis as per the eligibility criteria mentioned against the posts:

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Name of the Post (Level in Pay Matrix)</th>
<th>Eligibility Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Manager (Accounts) (Level 7 in Pay Matrix)</td>
<td>Superintendent or else Assistant with 5 years of service with a pass in Accounts Test(Higher).</td>
</tr>
<tr>
<td>2</td>
<td>Assistant (Level 6 in Pay Matrix)</td>
<td>Assistant</td>
</tr>
<tr>
<td>3</td>
<td>Upper Division Clerk (Level 4 in Pay Matrix)</td>
<td>Upper Division Clerk or else Lower Division Clerk with 3 years of service.</td>
</tr>
<tr>
<td>4</td>
<td>P.A. to Secretary (Level 4 in Pay Matrix)</td>
<td>Stenographer Gr.II.</td>
</tr>
</tbody>
</table>

2. It is therefore requested that this may be widely circulated among the Superintendents, Assistants, UDCs, LDCs and Stenographers Gr.II working under the cadre control of this Department in this Administration 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 30.11.2016 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 are likely to superannuate within a period of three years need not be forwarded.

Encl: As above.

To
All Heads of Departments/Offices.
Puducherry.
Copy to:
1. The Secretary, Pondicherry Society for the Care of the Aged, Puducherry.
2. Spare copy.
PROFORMA

1. Name of the Authority :: Pondicherry Society for the Care of the Aged, Puducherry.

2. Post applied for ::

3. Name of the Applicant
   (in BLOCK LETTERS) ::

4. Name of father/ husband ::

5. Present post held and since when, scale of pay and pay drawn at present ::

6. Department in which working at present ::

7. Date of Birth ::

8. Educational Qualification ::

9. Technical Qualification ::

10. Details of Computer Knowledge ::

11. Whether passed Accounts Test (Higher) ::
    Part-I: Yes / No, Date:
    Part-II: Yes / No, Date:

12. Details of Service (including deputation service) ::

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Designation</th>
<th>Department</th>
<th>Period</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>From</td>
</tr>
</tbody>
</table>

13. Whether belongs to SC/ST ::

14. Residential Address ::

15. 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: