

No.A-35016/9/99-DP&AR/SS.II(1)/PF  
GOVERNMENT OF PUDUCHERRY  
DEPARTMENT OF PERSONNEL AND ADMINISTRATIVE REFORMS  
(PERSONNEL WING)

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Puducherry, dated 01.07.2016

**CIRCULAR**

Sub: Public Services - Filling up of one post of Secretary to  
Chairman in the State Level Commission for Backward  
Classes, Puducherry on deputation basis - Reg.

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It is proposed to fill up one post of Secretary to Chairman in the State Level Commission for Backward Classes, Puducherry on deputation basis from among the Superintendent or else Assistant with minimum of five years of service 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 along with their APARs for the last five years, to this Department on or before **22.07.2016** 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.**

  
01.07.16  
(M. KANNAN)

UNDER SECRETARY TO GOVERNMENT(DP&AR)

Encl: As above.

To  
All Heads of Departments/Offices.  
Puducherry.

Copy to:

1. The Member Secretary, State Level Commission for Backward Classes,  
Puducherry.
2. Spare copy.

P R O F O R M A

1. Name of the Authority :: State Level Commission for Backward Classes, Puducherry.
2. Post applied for :: Secretary to Chairman
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. Date of regular in the present post ::
7. Department in which working at present ::
8. Date of Birth ::
9. Educational Qualification ::
10. Technical Qualification ::
11. Details of Computer Knowledge ::
- 12 Whether passed Accounts Test (Higher) :: Part-I : Yes / No, Date:  
:: Part-II: Yes / No, Date:
13. Details of Service (including deputation service) ::

Sl. No.	Designation	Department	Period	
			From	To

14. Whether belongs to SC/ST ::
15. Residential Address ::
16. Remarks ::

Place:  
Date:

Signature of candidate

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: