## No.A-35016/11/2001-DP&AR/SS.II(1) GOVERNMENT OF PUDUCHERRY DEPARTMENT OF PERSONNEL AND ADMINISTRATIVE REFORMS (PERSONNEL WING)

\*\*\*\*

Puducherry, dated 06.12.2019

## CIRCULAR

Sub: Public Services – Filling up of one post of Head Clerk-cum-Accountant in the Pondicherry Institute of Hotel Management & Catering Technology, Puducherry on deputation basis - Reg.

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It is proposed to fill up one post of Head Clerk-cum-Accountant (Level-6 in Pay Matrix) in the Pondicherry Institute of Hotel Management & Catering Technology, Puducherry on deputation basis from among the Assistants or UDCs with five years of service.

- 2. It is therefore requested that this may be widely circulated among the Assistants and UDCs working under the cadre control of this Department in Puducherry region 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 **31.12.2019** 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 Heads of Departments/Offices.

Copy to:

- 1. The Principal, Pondicherry Institute of Hotel Management & Catering Technology, Puducherry.
- 2. Spare copy.

## PROFORMA

1. Name of the Authority				Pondicherry Inst & Catering Tech	•	
2. Post applied for				Head Clerk-cur	n-Accountant	
	me of the Applican BLOCK LETTERS)	nt				
4. Na	me of father/ hus	band				
5. Present post held and since when						
6. Level in pay matrix and pay drawn at present						
7. Date of appointment in the						
present post			# # # #			
8. Department in which working			,			
at	present		• •			
9. Da	te of Birth					
10. E	ducational Qualific	cation				
11. Technical Qualification						
12. C	etails of Compute	r Knowledge				
	etails of Service ncluding deputa	tion service)				
SI.					Period	
No. Designation		Dep	Department		From	To
•						
		· · · · · · · · · · · · · · · · · · ·	<u> </u>			<u>. l </u>

SI.			Period	
No.	Designation	Department	From	To

14. Whether belongs to SC/ST

15. Residential Address

Place:

Signature of Official

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: