## No.A-35015/6/2017-DPAR/SS.II(1) GOVERNMENT OF PUDUCHERRY DEPARTMENT OF PERSONNEL AND ADMINISTRATIVE REFORMS (PERSONNEL WING)

\*\*\*\*

Puducherry, dated 27.11.2020

## CIRCULAR

Sub: Public Services – Filling up of one post of Stenographer Gr.I in the Samagra Shiksha, Puducherry on deputation basis - Reg.

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It is proposed to fill up one post of Stenographer Gr.I in the Samagra Shiksha, Puducherry(PKC Educational Complex, Anna Nagar, Puducherry) on deputation basis from among the Stenographers Gr.I.

- 2. It is therefore requested that this may be widely circulated among the Stenographers Gr.I working under the cadre control of this Department 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 **09.12.2020** 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.

/ BY ORDER /

1/2-

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

Encl: As above.

To

All Heads of Departments/Offices.

Puducherry.

Copy to:

- 1. The State Project Director, Samagra Shiksha, Puducherry.
- 2. Spare copy.

## PROFORMA

1. Name of the Authority	:: Samagr	a Shiksha, Pudi	Icherry	
2. Post applied for		apher Gr.I	acricity.	
<ol><li>Name of the Applicant (in BLOCK LETTERS)</li></ol>				
4. Name of father/ husband	d ::			
<ol><li>Present post held and sin when</li></ol>	nce ::		Alego a este Tomos	
<ul><li>6. Level in the Pay matrix a pay drawn</li><li>7. Department in which wor at present</li></ul>	•			
8. Date of Birth				
9. Educational Qualification	:: ::			
10. Technical Qualification	·. **			
11. Details of Computer Know	wledge ::			
12. Details of Service (including deputation s	:: Service)			
SI. No. Designation	Department	Pe	Period	
13. Whether belongs to SC/ST		From	То	
14. Residential Address				
15. Remarks	::			
Place: Date:		Signature of ca	ındidate	
10 be cer	tified by the Head of Or			

## 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: