

No.A-35016/12/2005-DPAR/SS.II(1)/PF.2  
GOVERNMENT OF PUDUCHERRY  
DEPARTMENT OF PERSONNEL AND ADMINISTRATIVE REFORMS  
(PERSONNEL WING)

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Puducherry, dated 09.11.2016

**C I R C U L A R**


Sub: Public Services – Filling up of one post of Office Superintendent in Rajiv Gandhi Ayurveda Medical College, Mahe, on deputation basis - Reg.

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It is proposed to fill up one post of Office Superintendent in Rajiv Gandhi Ayurveda Medical College, Mahe, on deputation basis from among the Superintendents or else Assistants with three 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 in the Puducherry and Mahe regions 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.**

  
(M. KANNAN)  
09.11.16  
UNDER SECRETARY TO GOVERNMENT(DP&AR)

Encl: As above.

To  
All Heads of Departments/ Offices,  
Puducherry/Mahe region.

Copy to:

1. The Director, Indira Gandhi Medical College & Research Institute, Puducherry.
2. Spare copy.

P R O F O R M A

1. Name of the Authority :: RAJIV GANDHI AYURVEDA MEDICAL COLLEGE, MAHE.
2. Post applied for :: OFFICE SUPERINTENDENT
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) ::

Sl. No.	Designation	Department	Period	
			From	To

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