

No.A-35015/4/2017-DP&AR/SS.II(1)  
GOVERNMENT OF PUDUCHERRY  
DEPARTMENT OF PERSONNEL AND ADMINISTRATIVE REFORMS  
(PERSONNEL WING)

\*\*\*\*\*

Puducherry, dated 28.03.2018

**CIRCULAR**

Sub: Public Services – Filling up of Office Manager, UDC and LDC in Puducherry Municipality on deputation basis – Applications called for.

\*\*\*

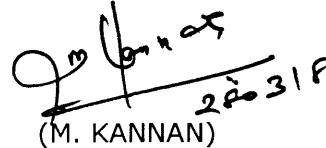
It is proposed to fill up the posts of Office Manager, UDC and LDC in the Puducherry Municipality on deputation basis without deputation allowance from among the Superintendents, UDCs and LDCs respectively:

Sl. No.	Name of the Post	No. of posts
1	Office Manager	3
2	Upper Division Clerk	5
3	Lower Division Clerk	4

2. It is therefore requested that this may be widely circulated among the Superintendents, UDCs and LDCs of this Administration working under the cadre control of this Department and applications as per the proforma enclosed be obtained from the eligible willing officials and forwarded alongwith their APARs for the last five years, to this Department on or before **20.04.2018** 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 /

  
(M. KANNAN)

UNDER SECRETARY TO GOVERNMENT(DP&AR)

Encl: As above.

To  
All Heads of Departments/ Offices.

Copy To:

1. The Director of Local Administration, Puducherry.
2. The Commissioner, Puducherry Municipality, Puducherry.

PROFORMA

- 1. Name of the Municipality :: Puducherry Municipality
- 2. Post applied for ::
- 3. Name of the Applicant (in BLOCK LETTERS) ::
- 4. Name of father/ husband ::
- 5. Present post held and since when ::
- 6. Level in the Pay matrix and present pay drawn ::
- 7. Department in which working at present ::
- 8. Date of Birth ::
- 9. Educational Qualification ::
- 10. Technical Qualification ::
- 11. Details of Computer Knowledge ::
- 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/ Phone Number ::

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: