APPLICATION FOR REGISTRATION IN THE PANEL FOR DEPUTATION TO THE..... 1 Name of Dept. / Board to which deputation is desired 2. District to which request is being made 3. Category of post to which the request is being made 4. Name (In block letters) 5. Present designation and office Address 6. Date of Birth 7. Qualifications General Special if any 8. Date of Entry 9. Experience 10. Pay and scale of pay Place: Date. Signature of applicant

Counter signature of the Head of Office

BIO-DATA

1	Name		
2.	Post held and name of office		
3.	Present pay and scale of pay		
4.	Age and date of birth		
5.	Qualifications (a) General		
	(b) Special		
6.	Experience		
7.	Permanent Residential Address		
8.	Remarks		
Pla Date			Signature of Applicant
		RATION	
	rve the entire period of deputation as		(name of post)
	er the	tation expires.	and will not
		Name: Designation.	
Pla	ce:		
Date	:		
		Signature!	

STATEMENT UNDER THE RULES 144 (KSR PART I)

V7de Circular Memorandum No. 42765/Ru1e.3/62/F1n. Dated 15-6-1962

1. Name of the Government Servant

2. Date of birth

3.	To whom lent		
4.	OMcial Designation (post held Substantively before transfer)		
5.	Scale of pay of the post in government sentice held substantively by the officer:		
6.	Head of accounf to which pay was debitable before transfer		
7.	Monthly rate of pay sanctioned in Foreign sen./ice		
8.	Service rules applicable		
9.	Rate of monthly contributions provisionally fixed under rule		
	(a) Leave salary		
	(b) Pension		
10	. When lent		
11	Whereto be recovered		
12	2. Whether creditable to state or central		
13	. Date of termination of Foreign Service		
	Signature .		
	Head of Office / Department		