

# Application for Post of Assistant General Manager (E4) – Executive Secretary on Deputation Basis

(Through proper channel in case of Govt. Officials/PSU/Autonomous Bodies)

1. Name of Applicant:

2. Designation of Applicant

3. Office Address

4. Address for Communication

4 (a) Caste Category

5. Telephone No: Off:

, Res

, Fax no.

Mobile no.

E-Mail Id

PASTE  
PASSPORT SIZE  
PHOTGRAPH

6. Date of Birth (DD/MM/YYYY):

7. DETAILS RELATED WITH ELIGIBILITY CRITERIA:

a) EDUCATIONAL QUALIFICATION

S/N	Educational/Profession Qualification	Name of Institute & University	Marks Obtained/Grade

b) Length of Service in eligible Scale (as on) 01.08.2024

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c) Age as on 01.08.2024

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d) PROFESSIONAL EXPERIENCE (since beginning)

S/N	Designation	Place of Posting & Organization	From	To	Pay Scale (CTC for Pvt. Candidate)	Job Description/ Experience
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

e) Significant achievement/Awards if any:

8. Whether any punishment awarded to the applicant during the last 10 years:

If yes, the details thereof

9. Whether any action or enquiry is going on against him/her as far as his knowledge goes:

If yes, the details thereof

10. I hereby declare that none of my relatives are working in TCIL or its associated companies.

If yes, the details of such employees are as below with name and designation

### UNDERTAKING

- (i) I certify that the details furnished by me in Cols. 1 to 10 are true and nothing is being hidden and I am eligible for the post.
- (ii) I have not ever been convicted by any court of law or arrested by any law enforcement agencies within India or outside or facing any criminal proceedings in any court of law. If yes, the details are as below-
- (iii) I further submit my willingness that I will join the post, if selected. In case, if I give my unwillingness after the interview is held, but before the appointment is processed or after issue of offer of appointment, I may be debarred for a period of two years for being considered for appointment to any post in TCIL.

Place:

Date:

(.....)

Name & Signature of Applicant

(To be filled by the PSU/Ministry/Department concerned in case of Govt. candidate)

It is certified that the particular furnished above have been scrutinized and found to be correct as per official records.

Signature & Designation of the Competent  
Forwarding Authority with Tel No., & Office Seal