

**P R O F O R M A**

**APPLICATION FOR ENGAGEMENT OF RETIRED GOVT. OFFICIALS AS CONSULTANTS  
IN THE STATE LEVEL COMMISSION FOR BACKWARD CLASSES, PUDUCHERRY**

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1. Name :
2. Date of Birth :
3. Address for communication :
4. Contact Number :
5. E-mail id :
6. Particulars of Government Service  
6.1 Date of Joining in Govt. Service:  
6.2 Date of retirement and the post:  
in which retired  
6.3 Name of the Department / :  
Organisation from which retired  
6.4 Last Pay drawn :  
(Copy of PPO to be enclosed)
7. Educational Qualification :
8. Experience in any Autonomous :  
Bodies relating to Backward Classes
9. Brief particulars of Experience with :  
nature of duties performed  
(starting from last appointment)

Sl. No.	Name of the Ministry/Dept.	Period		Post held	Nature of Work
		From	To		

10. Additional information if any, in :  
Support of the suitability of the post

**Declaration**

I hereby declare that the particulars furnished above are true and correct to the best of my knowledge and belief. I further declare that I was clear from vigilance angle at the time of retirement.

Signature of Applicant

Place:  
Date: