**PROFORMA**

**APPLICATION FOR ENGAGEMENT OF RETIRED GOVERNMENT OFFICIALS AS CONSULTANTS IN DIRECTORATE OF HEALTH AND FAMILY WELFARE SERVICES, PUDUCHERRY.**

| Recent Passport size photo to be pasted here |
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1. Name :

2. Date of Birth :

3. Address for Communication :

4. Contact Number :

5. E-mail id :

6. Particulars of Govt. 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. Details of Working Experience in Health
   Institutions/Offices :

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: