GOVERNMENT OF PUDUCHERRY
LOCAL ADMINISTRATION DEPARTMENT

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No. 24/LAD/Estt./E1/2024 Puducherry, dt. 29-08-2024

CIRCULAR

Sub: LAD-Estt.-Filling up of the posts of Assistant Director (Administration / Common Service), Panchayat / Municipal Officer Gr. I and Panchayat / Municipal Officer Gr. II in the Local Administration Department, Puducherry on deputation basis – Reg.

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It is proposed to fill up the posts of Assistant Director (Administration / Common Service), Panchayat / Municipal Officer Gr. I and Panchayat / Municipal Officer Gr. II in the Local Administration Department, Puducherry on deputation basis without deputation allowance as per the following eligibility criteria:

Sl. No.	Name of the Post	No. of posts	Eligibility Criteria
1	Assistant Director (Administration/Common Service) (Level 7 in pay matrix)	2	Superintendents/Tahsildars with three years of regular service, possessing experience in administration establishment and accounts matters at least for a period of two years.
2	Panchayat Officer Gr. I Municipal Officer Gr. I (Level 6 in pay matrix)	2 1	Assistants/Deputy Tahsildars with three years of regular service, having adequate knowledge of reading and writing in Tamil Language and possessing experience in administration establishment and accounts matters at least for a period of two years
3	Panchayat/Municipal Officer Gr. II (Level 5 in pay matrix)	4	U.D.Cs with five years of regular service, possessing a degree in Arts, Science or Commerce (Desirable: a degree in Law) and a pass in Accounts Test for Sub-ordinate Officers.

2. It is therefore requested that this may be widely circulated among the Superintendents, Tahsildars, Assistants, Deputy Tahsildars and U.D.Cs working in the Union Territory of Puducherry Administration. The application as per the proforma enclosed may be obtained from willing and eligible officials and forwarded along with their APARs for the last five years, to this

Department on or before 30.09.2024 duly verified and certified that the particulars furnished by the officials are 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. The cut off date for age eligibility shall be reckoned from 1st September 2024.

/BY ORDER/

Signed by Rathna
Date: 30-08-2024 18:14:41
(R.RATHNA)
DEPUTY DIRECTOR (RD)

Encl: as above

To

All Head of Department/ Offices.

Copy to

1. The Under Secretary to Government (Personnel), Chief Secretariat, Puducherry.
2. The P.S. to Secretary (LA), Chief Secretariat, Puducherry.
3. The P.S. to Director(LA), LAD, Puducherry.
4. The Programmer, LAD, Puducherry...to upload the Circular in the Department Website.
5. Spare copy.

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PROFORMA-I

1.	Name of the Department	:	
2.	Name of the post applied for	:	
3.	Name of the official (in BLOCK LETTERS)	:	
4.	Present post held	:	
5.	Date of Birth	:	
6.	Educational Qualification	:	
7.	Department / Office in which working	:	
8.	Whether belongs to OBC/SC/ST/EX-servicemen category	:	
9.	Date of initial appointment	:	
10.	Date of appointment in the present grade	:	
11.	Date of Retirement	:	
12.	Total Number of years of service in the present grade	:	
13.	Details of departmental tests passed	:	
14.	Whether Municipal / Commune Panchayat tests passed in full Part-I & II.	:	
15.	Whether the applicant is having proficiency in computer usage (Copies of certificate / Details of courses completed in computer to be enclosed)	:	

Place:
Date:

Signature of Candidate

To be certified by the Head of Office

Certified that the particulars furnished by the applicant have been verified and found correct. The service details of the applicant have also been furnished in the prescribed Proforma-II enclosed herewith.

No vigilance / disciplinary proceedings are either pending or contemplated against the official.

Certified that the integrity of the official is .....

Place:
Date:

SIGNATURE
HEAD OF DEPARTMENT/ OFFICE
SEAL

PROFORMA-II
SERVICE DETAILS

Sl. No.	Name of the Govt. Servant	Name of the father	Service particulars **including deputation** from the date of initial appointment to till date				Reference to the I.D.Note / Mem. No. and date from wherein Disciplinary action was required by the CVO to be taken against the individual, if any pending in the Dept./Office as on date	Remarks
			Name of the Dept./ Office	Designation	From	To		
1	2	3	4	5	6	7	8	9

Place:
Date:

SIGNATURE
HEAD OF DEPARTMENT/ OFFICE
SEAL