Established by the Act of Legislative Assembly of National Capital Territory of Delhi

Application form for Retired/ Retiring Government servants for engagement as Deputy Registrar (on contract)

Paste self attested recent passport size photograph

1	Post Applied For (Name of the Post)	:	
2	Candidate's full name	:	
3	Father's Name	:	
4	Spouse Name	:	
5	Permanent Address	:	
6	Correspondence Address	:	
7	Mobile No.	:	
8	E-mail Address	:	
9	Date of Birth (self-attested copy of proof of age to be attached)	:	
10	Age (As on the date of application)	:	
11	Nationality	:	
12	Sex	:	
13	Marital Status	:	
14	Category	:	

15	(a) Whether retired/retiring)	(a)			
	(b) Date of retirement, if retired (self-				
	attested copy of retirement order to be		(b)		
	attached)				
	(c) Date of Retirement, if retiring		(c)		
16	Name of post held on retirement	:			
17	Scale of Pay/Pay Matrix Level at the time of retirement	:			
18	Full address of Department / Office from where retired & Tel No.				
19.			ons (from High School onwards with copy of mark		

sheets in ascending order) self-attested copies of proof of Educational & other qualifications to be attached):

Examination Passed	Name of Board/University	Name of School/College	Year of Passing	Div. & %	Subjects
1 dosed	Board/ Chrycisty	School/Conege	1 dosning	æ /0	

20. Work Experience including present employer, if any, (self-attested copies of proof to be attached from the date of joining the Govt. Service to the date of retirement) in ascending order with names of Departments/Offices where served).

	Sl.	Name of	Scale of	Name of the Govt.			Total Particular of	
	No.	the post held	pay/Pay Matrix	Office/Department & Full Address	From	То	Period	main duties/nature
			Level	with Telephone No.				of work performed.
21	retire		Clearance repo issued: (If yes, ested copy.)					
23	issued	her Pension Pad: (If yes, pleasedcopy)	ayment Order h se attach self-	as been :				
24	Copy of Last Pay Certificate issued by the Office from where retired. (self-attested copyto be attached)							
25	PAN	: (Self-attested	d copy to be atta	ached) :				
26	Aadhaar Card No. (Self-attested copy to be			opy to be :				

I hereby declare that the information provided by me in the application form is true to the best of my knowledge and belief. If anything is found wrong / incorrect, my application will be treated as cancelled and withdrawn.

attached)

Place	(Signature of the Candidate)
Date	Name:

(Note: Separate page be attached where required)