FORMAT OF APPLICATION

Post applied for										
To Sanjay Kumar Mishra Under Secretary, Department of Financial Services Ministry of Finance, 2 nd floor Jeevan Deep Building, Parliament Street, New Delhi - 110 001						siz	Affix your Passport size photograph duly signed across			
1.	Name in Full (in Block Letter)									
2.	Father's/Husband's name									
۷.	Tautier S/Trusba	anu 8 i	iaiiic							
3.	Date of birth	Day	Month	Year	4.	Age as (15.01.2		Day	Month	Year
5.	Nationality				<u> </u>	(13.01.2	2023)			
6.	a) Academic Qualification b) Professiona Qualification	U ₁	Board / niversity Board / niversity	Year of Passing Year of Passing			Subject		Percentage	
7.	Details of Experience and brief s Post / Organization details (From – To)		Scales of Pay and Na				ure of aties	Rema any o inform relevan	ther ation nt for	

				1					
7.1	Whether the application more work expe	•		Yes □ No □					
(i)	Administration inclu				ase provide th	ne details, on a			
(-)	the level of Secretary					nological order			
	Government of India			indicating		ne of the			
				_					
			Department/organisation, post held, period of holding the post and nature of						
			experience etc.						
(ii)	Whether the applica	nt has 25 v	ears' or	• Yes \square					
()	more work experier	•		• No 🗆					
			inancial		ase provide th	ne details, on a			
	Institutions.			-	-	nological order			
				indicating		-			
					organisation,	post held,			
					-	st and nature of			
				experience etc.					
(iii)	Whether the applicant has exceptional			• Yes 🗆					
	merit and track reco	rd at the nat	tional or	• No 🗆					
	international level	in the	relevant	If yes, ple	ease provide,	on a separate			
	field(s).		sheet, the details in chronological order.						
8.	Name /address of pre	Name /address of present employer / institution							
0	D (1.11								
9.	Present post held								
10	Data sinaa mussant na								
10.	Date since present post held								
11.	Complete Postal Address, Telephone and E-mail particulars								
Permanent Address:									
	Present Postal Addre	ss:							
	Б 11	TD 1 1		0.00		A			
	Email	Telephoi	ne	Office		Mobile			
12.	Any other relevant in	formation is	n clinnort	of application					
14.	Any onici relevant in	nonnauon II	1 support	or application	/11.				

DECLARATION:			
I do hereby declare that all statements made in this application are true, complete and correct to the best of my knowledge and belief. I understand that in the event of any particular or information furnished by me is found false / incomplete making me ineligible, my candidature will be rejected or cancelled and in the event of any statement information being found false even after appointment, my services are liable to be terminated without any notice.			
No. of Encl.:	Sheets		
	(Signature of Candidate)		
	NAME:		