## APPLICATION FORMAT FOR THE POST OF ADMINISTRATVE MEMBER IN THE HIMACHAL PRADESH ADMINISTRATIVE TRIBUNAL

| 1.  | Name:  |                        |
|-----|--|------------------------|
| 2.  | Date of birth:   |                        |
| 3.  | Educational Qualifications beyond 10+2:                        |                        |
| 4.  | Service, the candidate belongs to :                            |                        |
|     | (Please specify name/details i.e All                           |                        |
|     | India/Central/State etc.) (Please also indicate cadre, year of |                        |
|     | allotment, date from which promoted in                         |                        |
|     | Grade-1/GrA/ Class-I)  |                        |
| 5.  | Date of Superannuation:  |                        |
| 6.  | Pay Scale (Present/Last):                                      |                        |
| 7.  | Designation of Present/Last Post held:                         |                        |
| 8.  | (a) Office Address & Telephone Number:                         |                        |
|     | (b) Residential Address & Telephone                            |                        |
|     | Number:  |                        |
|     | (c) Correspondence Address:                                    |                        |
|     | (d) Mobile Number:   |                        |
|     | (e) email ID:  |                        |
| 9.  | Details of post held in chronological order                    |                        |
|     | for at least ten years either under the                        | $\frac{1}{2}$          |
|     | Govt. of India or under the Government of                      | <u>2,</u><br><u>3.</u> |
|     | a State:   | <u>5.</u>              |
| 10. | The details of Post(s) held since joining be                   |                        |
|     | indicated in the descending order i.e. from                    |                        |
|     | higher post to the lower one, in the                           |                        |
|     | following format:  |                        |

| Sl. | Post held | Pay   | Period | Level | Expe     | rience with de | etails* |
|-----|-----------|-------|--------|-------|----------|----------------|---------|
| No  |           | scale | From – |       | Quasi –  | Service /      | others  |
|     |           |       | То     |       | judicial | Personnel      |         |
|     |           |       |        |       |          | matters        |         |
|     |           |       |        |       |          | (details       |         |
|     |           |       |        |       |          | thereof)       |         |
| 1   | 2         | 3     | 4      | 5     | 6        | 7              | 8       |
|     |           |       |        |       |          |                |         |
|     |           |       |        |       |          |                |         |
|     |           |       |        |       |          |                |         |

<sup>\*</sup>The experience related to quasi-judicial, service/personnel matters be given post wise separately in respective columns 6 to 7.

| 11. | The details of pendency of any       |  |
|-----|--------------------------------------|--|
|     | court litigation, civil or criminal, |  |
|     | conviction or otherwise in a         |  |
|     | criminal court or civil court        |  |
|     | decree or any other proceedings:     |  |
|     |                                      |  |
| 12. | Special achievements during the      |  |
|     | last 10 years                        |  |
|     | (in a separate sheet - not more      |  |
|     | than in 200 words)                   |  |

The information furnished above by me is correct to the best of my knowledge and belief and nothing has been suppressed. I fully understand that in case of my selection, if any information furnished above is found to be false or mis-represented at a later stage, my selection is liable to be cancelled with the approval of the Competent Authority.

| Place : | (Signature)               |
|---------|---------------------------|
| Date :  | (Name in Capital Letters) |