

**PROFORMA OF DETAILS OF THE OFFICER APPOINTED ON DEPUTATION IN
NIOS**

Details of service record in respect of Shri/Smt./Dr./Ms. _____,
_____ in _____ presently on deputation to the post of
_____ in National Institute of Open Schooling in the Pay
Level _____.

1.	Name and Designation (in the parent department/organization)																
2.	Full address of the Office (parent department/organization)																
3.	Date of entry in the Government Service																
4.	Substantial post held with scale of pay of the post (Basic Pay, Pay Band with Grade Pay OR Pay Level)																
5.	Date of appointment to the present post held in the parent department/organization																
6.	Total length of regular continuous service on the date of proceeding on deputation																
7.	Home Town																
8.	List of Dependent family members	<table border="1"> <thead> <tr> <th>Name</th> <th>Relationship</th> <th>DOB/Age</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Name	Relationship	DOB/Age												
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9.	Block year for LTC admissible at the time of relieving to proceed on deputation indicating record of EL encashment with LTC																
10.	Number of leave at credit as on date of relieving to proceed on deputation	<table border="1"> <thead> <tr> <th>EL</th> <th>HPL</th> <th>CCL <i>(in case of female employee)</i></th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>	EL	HPL	CCL <i>(in case of female employee)</i>												
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11.	Whether medical facility availing in the parent department/organization surrendered for the period of deputation in NIOS. <i>(please provide the surrender certificate)</i>																

Certified that the above details have been verified from service record of Shri/Smt./Dr./Ms. _____ and are found to be correct.

Date:

(Signature with seal of certifying Officer)
Name (in capital letter): _____

