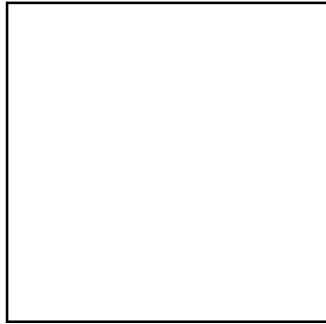


**Annexure-I**

**Application format for Empanelment as State Quality Monitor**



(Passport size coloured photograph of candidate to be pasted in the box)

1. **Name:** .....

*(As per service records):*

2. **Date of Birth:** ...../...../.....

(Date/Month/Year)

*(in words)* .....

3. (i) **Date of Retirement from Govt.Service:** ...../...../.....  
Date/Month/Year

*(in case of retired officer)*

(ii) **Date of Regular Appointment in Academic/ Research**  
**Institute:** Date/Month/Year ...../...../.....

*(in case of working officials)*

4. **CommunicationAddress:**

5. **Contact Information:**

(a) MobileNo(s):.

(b) e-mail ID (in CAPITAL LETTERS) :

**6. Educational & Professional Qualifications:**

Sl. No.	*Degree	Year of Passing	Subject/Discipline/Specialization	University	Class/Grade obtained
1.	Bachelors Degree				
2.	Masters Degree				
3.	Doctoral Degree				
4.	Other Degree				
5.					
6.					

*\*enclose copy of Certificates*

7. (i) PAN\*\*number- .....

*\*\* enclose copy of documents*

**8. Employment record of last 10 years of Government service:**

Sl. No.	Organisation/ Department	Post Held/ Level***	Duration		Details of work experience
			From	To	

\*\*\*EE/SE/Addl.CE/ CE/E-in-C/Secretary/Professor/Associate Professor

**9. Employment record post retirement:**

Sl. No.	Organisation	Position held	Duration		Details of work experience
			From	To	

**10. Field of Specialization/Special Interest(if any):**

**11. Post from which retired:**

**12. Other Details (Membership of professional bodies, authorship of technical papers, consultancies, etc.):**  
(May attach extra sheet, if required)

**13. Whether any departmental corruption cases initiated against the candidate, during service period:(Yes/No)**  
If yes,-results of the same:

**Willingness to work as SQM:**

(a) The undersigned is maintaining good health and is willing to take up field inspection assignments and other office works as State Quality Monitor under RDWSD.

(b) I understand that I may be assigned to carry out field inspections in the State in accordance with the Guidelines.

**Declaration:**I hereby declare that the details furnished above are true and correct to the best of my knowledge. In case any of the above information is found to be false or misleading or misrepresenting, I am aware that I may be held liable for it and my empanelment as SQM may be immediately cancelled and necessary action, as deemed fit, may be taken against me.

Signature.....  
.....

Name of applicant:.....

Date:.....

