

Office Of the , _____

CERTIFICATE OF DEPARTMENTAL PERMISSION

TO BE SUBMITTED BY THE CANDIDATES WHO ARE IN GOVT./SEMI GOVT. SERVICE WITH THE APPLICATION FORM DULY COMPLETED FAILING WHICH THE APPLICATION SHALL BE LIABLE TO REJECTION.

1. The following particulars should be filled in by the candidate:-

- a) Name _____
- b) Father's Name _____
- c) Substantive post _____
- d) Post held presently _____
- e) Department /Office/ School _____
- f) Post applied for _____
- g) Commission's Advertisement No _____
- h) Dated _____

Signature of the Candidate _____

2. (This portion should be filled in completely by the Department/Office.)

Certified that the above candidate has been permitted to apply for the said post and that:-

- a) He has been employed in this Department/Office as _____
_____ Since _____ .
- b) He/She holds this post in permanent / temporary, adhoc capacity or contract basis.
- c) The candidate's domicile as accepted by this Department/Office and recorded in official record is _____ District.
- d) There is nothing on record of this Department which may render him ineligible for the post and that his/her record of service is satisfactory and no departmental proceedings are pending against the candidate.

(Signature)
Appointing Authority

Stamp of the Appointing Authority