﻿

(To be submitted in duplicate)

**PROFORMA FOR SENDING REQUISITION OF POSTS FOR LIMITED DEPARTMENTAL COMPETITIVE EXAMINATION TO APSSB**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Sl. No.** | **Particulars** |  | | | | | |
| **1** | **2** | **3** | | | | | |
| 1. | i) Name of the Organization/Office |  | | | | | |
| ii) Department to which attached |  | | | | | |
| 2. | Requisition for recruitment to the post of |  | | | | | |
| 1. Post Designation (Group C) |  | | | | | |
| 1. Pay Scale |  | | | | | |
| 3. | Specify the Criteria of Eligibility under which the LDCE post falls, as per Recruitment Rule. |  | | | | | |
| 4. | Number of vacant post  (Detailed category-wise Break up) | **Organization Level** | **APST** | **UR** | **PwD** | **Ex-SM** | **Total** |
| Secretariat |  |  |  |  |  |
| Directorate/  other HoDs |  |  |  |  |  |
| District Establishment |  |  |  |  |  |
| 5. | Whether a detailed list of eligible candidates (as on 1st January of the Year) duly verified by the HoD has been enclosed? **(Mandatory)** |  | | | | | |
| 6. | Whether the vacancies for the person with disabilities and Ex-Servicemen have been worked out with reference to the instructions contained in the Government of Arunachal Pradesh orders. |  | | | | | |
| 7. | Qualification as laid down in the recruitment Rules including any relaxation notified in the Gazette of the Arunachal Pradesh (photo copy enclosed). |  | | | | | |
| 8. | a) Age-limits as per the Recruitment Rules notified in the gazette of Arunachal Pradesh. |  | | | | | |
| b) Relaxation of upper age available to |  | | | | | |
| 1. APST |  | | | | | |
| 1. PwD (also specify the sub-category of Disability). **(Mandatory)** |  | | | | | |
| 1. Any others ………………by ……………..years (please specify details) |  | | | | | |
| 10. | Any other requirement/conditions not covered by the above rows |  | | | | | |
| 11. | Name, address and contact No. of the Departmental representative (not less than the rank of Deputy Secretary) of the indenting office/Department who will be deputed to the APSSB at the interview or for any other correspondences. |  | | | | | |
| 12. | Whether the captioned post(s) has/have any ban or restricted from the Government for filling up the post. |  | | | | | |
| 13. | Letter number and date of the last requisition for the same post (along with category-wise break-up of the number of vacancies) placed with the APSSB by your office. |  | | | | | |

It is certified that-

1. Nos. of Vacancies projected in this requisition are regular and all regular vacancies on date which falls within the **Limited Departmental Recruitment Quota** have been included in this requisition, clearly specifying the category of eligibility for the posts and also the necessary sanction of the Government for these posts is available.
2. The number of vacancies reserved for APST and other reserved categories as mentioned in Sl. No. 4 above is in accordance with the reservation quota fixed by the Government for these communities;
3. Candidates nominated by the APSSB against the vacancies reported in this requisition shall be given appointment by this office within a period of three months from the date of nomination.
4. Certified that no further vacant post exist in the Department.
5. Certified that the names of all eligible candidates have been included with this proforma.

Place ………………….

Date …………………...

Signature and official Seal

of the Head of Department

                                                                                          Mobile No. ………………………..

                                                                                          e-mail ……………………………..

**Note:** All answers in the Requisition Form should be given in words and not by way of Dashes and Dots. No columns should be left blank.

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**Format for submitting details of Employees eligible for Limited Departmental Competitive Examination for the post of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Name of department/office: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of post : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Criteria of Eligibility under which the LDCE post falls, as per Recruitment Rule: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Sl no. | Name | Date of Birth | Father’s Name | Mobile no. | E-mail |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

It is certified that the names of all eligible candidates for the above mentioned post have been included in the above list and there are no eligible candidates left in the department.

                                                    Signature and Seal of Head Of Department

                                                          Mobile no. ……………………….

                                                       E-mail ……………………………