

PROFORMA -II

(In the case of SC/ST employees)

1. Name :
2. Designation :
3. Caste and Religion (Attested true copy of the SSLC or Certificate from the village officer/Tahsildar should be produced) :
4. Rank. No :
5. Date of Birth :
6. Date of entry into service :
7. Date of Retirement :
8. Official Address :
9. Residential Address :
10. Telephone Number Office :
Residence :
Mobile :
11. Departmental qualification obtained :

DECLARATION

I (Name).....(Designation)..... do hereby declared that if I am promoted to the next higher post without passing the departmental test in accordance with the Government circular No. 8130/P&ARD/2010, dated 24-02-12, I assured that I shall be qualified the required Departmental Test Qualifications within three years from the date on which I am promoted. If not I am agreed to be reverted to the Lower category without any prior information from the Department.

Place
Date

Signature
Name

**Place
Date**

Counter signed

**Signature
Name &
Address of the controlling officer**