



भारत वाक् श्रवण संस्थान : मैसूरु - 570006

**ALL INDIA INSTITUTE OF SPEECH & HEARING: MYSURU – 570006**

An Autonomous body under the Ministry of Health and Family Welfare,

Govt. of India, Manasagangothri, Mysuru – 570 006

Phone: 0821-2502000/ 2502100, [www.aiishmysore.in](http://www.aiishmysore.in)

**APPLICATION FORM FOR DEPUTATION POST**

**PROFORMA**

1.	Post applied for		<i>Passport size Photograph</i>	
2.	Applicant Name			
3.	Present Office Address			
4.	Present Designation			
5.	Date of birth			
6.	Date of retirement			
7.	Educational & Professional qualifications			
	Qualifications	Completed in	Name of Institutes	Subjects
a.				
b.				
c.				
8.	Details of employment (from present to past. Give brief on work done in each employment/ posting)		a..... b..... c..... d.....	
9.	Nature of present employment (regular/temporary/contractual/ deputation/etc.)			
10.	In case present employment is on deputation basis, please state:			
	a. Name of parent organization			
	b. Date of initial employment			
	c. Name of Borrowing organization, date and period of deputation.			
	d. Reason for applying for the deputation			
11.	Present pay-scale/pay-band & Grade Pay and Basic Pay			
12.	Additional information, if any			

Date:

Signature of Candidate

Place:

Mobile:

Email:

**FORMAT OF VARIOUS CERTIFICATES REQUIRED TO BE ENCLOSED ALONG WITH THE  
APPLICATION OF CANDIDATE WHO IS APPLYING FOR DEPUTATION**

**INTEGRITY CERTIFICATE**

After scrutinizing the Annual Performance Appraisal Reports of Shri./Smt./Ms. \_\_\_\_\_ who has applied for the post of \_\_\_\_\_ in the All India Institute of Speech and Hearing, Mysore for deputation, it is certified that his/her integrity is beyond doubt.

*(To be signed Head Of Office)*

Name & Office Seal:

Date:

**VIGILANCE CLEARANCE CERTIFICATE**

Certified that no vigilance case or disciplinary proceedings or criminal proceedings is either pending or contemplated against Dr./Shri./Smt./Ms. \_\_\_\_\_ who has applied for the post of \_\_\_\_\_ in the All India Institute of Speech and Hearing, Mysore for deputation.

*(Authorized signatory)*

Name & Office Seal:

Date:

**NO PENALTY CERTIFICATE**

Certified that no minor/ major penalty has been imposed on Dr./Shri./Smt./Ms. \_\_\_\_\_ who has applied for the post of \_\_\_\_\_ in the All India Institute of Speech and Hearing, Mysore for deputation, in the past.

*(Authorized signatory)*

Name & Office Seal:

Date: