

No.A-35015/4/2017-DP&AR/SS.II(1)  
GOVERNMENT OF PUDUCHERRY  
DEPARTMENT OF PERSONNEL AND ADMINISTRATIVE REFORMS  
(PERSONNEL WING)

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Puducherry, dated 27.07.2018

**C I R C U L A R**

Sub: Public Services – Filling up of the posts of Office Manager and U.D.C in the Puducherry Municipality, Puducherry on deputation basis-Reg.

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It is proposed to fill up the posts of Office Manager and U.D.C in the Puducherry Municipality, Puducherry on deputation basis without deputation allowance from among the Superintendents and U.D.Cs respectively.

Sl. No.	Name of the post	No. of posts
1	Office Manager	3
2	U.D.C	5

2. It is therefore requested that this may be widely circulated among the Superintendents and U.D.Cs of this Administration working under the cadre control of this Department and applications as per the proforma enclosed be obtained from the eligible willing officials and forwarded alongwith their APARs for the last five years, to this Department on or before **17.08.2018** duly certifying that the particulars furnished by the officials are verified and found to be correct.

**3. It is also requested that the application of the ineligible officials and the application of the officials who have crossed 56 years of age need not be forwarded.**

  
(V. JAISANKAR)

UNDER SECRETARY TO GOVERNMENT(DP&AR)

Encl: As above.

To

All Heads of Departments/ Offices.

Copy To:

1. The Director of Local Administration, Puducherry.
2. The Commissioner, Puducherry Municipality, Puducherry.
3. Spare copy.

PROFORMA

1. Name of the Municipality :: Puducherry Municipality, Puducherry.  
2. Post applied for :: Office Manager / U.D.C  
3. Name of the Applicant ::  
(in BLOCK LETTERS)  
4. Name of father/ husband ::  
5. Present post held and since ::  
when  
6. Level in the pay matrix and ::  
present pay drawn  
7. Department in which working ::  
at present  
8. Date of Birth ::  
9. Educational Qualification ::  
10. Technical Qualification ::  
11. Details of Computer Knowledge ::  
12 .Details of Service ::  
(including deputation service)

Sl. No.	Designation	Department	Period	
			From	To

13. Whether belongs to SC/ST ::  
14. Residential Address ::  
15. Remarks / Phone Number ::

Place:  
Date:

Signature of candidate

To be certified by the Head of Office

Certified that the particulars of the applicant have been verified and found correct.

No vigilance / disciplinary proceedings are either pending or contemplated against the official.

SIGNATURE OF  
HEAD OF DEPARTMENT/OFFICE  
SEAL: