

3. a.

Documents to be attached
✓ Security Clearance
✓ Audit Clearance
✓ Recent 3 years Rating

3.b.

Extraordinary Leave availed (if applicable) :	Study Leave availed (if applicable) :
Duration:	Duration:
From:	From:
To:	To:

Date & Signature of Candidate

I certify that the information furnished in this form has been verified and is found correct and there is no adverse report/record against the employee during the pastyears (required no. of years for promotion).

Name & Signature of Admin / Asst .Manager, HR

Date

Name & Signature of HOD

Date

Name & Signature of Regional Head (if applicable)

Date

RECOMMENDED BY HEAD OF DEPARTMENT / WING

Signature & Date. _____