



# INFRASTRUCTURE DEVELOPMENT AUTHORITY

(A Govt. of Bihar Undertaking)

Registered Office: 1st Floor, Udyog Bhawan,  
East Gandhi Maidan, Patna- 800004

Ph. No.: 0612-2675933, 2675945, 2675914 Fax No. : 0612-2675889, 2675296

## **Application Form for appointment on Deputation/Contract basis**

(All fields are mandatory to fill, incomplete Application shall be REJECTED)

Advertisement Notice no. \_\_\_\_\_

1. Name of the Post applied for : \_\_\_\_\_
2. Name of the Applicant : \_\_\_\_\_
3. Father's/Husband's Name : \_\_\_\_\_
4. Date of Birth : Date \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_
5. Category : SC/BC/MBC/Gen: \_\_\_\_\_
6. Nationality : \_\_\_\_\_
7. Marital Status : \_\_\_\_\_
8. Contact No. : \_\_\_\_\_
9. E-Mail Address : \_\_\_\_\_
10. Date of Retirement (If Govt. Employee) : \_\_\_\_\_

Attach  
Attested recent  
Passport size  
Photograph

11. Address :

(A).Permanent: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(B).Present: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. Qualification (from 10<sup>th</sup> standard onwards):

(Attach attested photocopies of certificates)

Sl. No.	Examination Passed	Name of University/ Board	% of Marks obtained	Year of passing	Remarks
1.					
2.					
3.					
4.					
5.					

**Full Signature of the Applicant**

13. Details of Experience (start with most recent experience first):  
(Attach attested photocopies of certificates)

Sl. No.	Name and address of Institution/Organization	Post held / job responsibility	Period		Field of Experience
			From	To	
1.					
2.					
3.					
4.					
5.					

14. Details of Demand Draft:

Name of the Bank	Name of the Branch	D.D. No.	Date	Amount.

15. Any other information: \_\_\_\_\_

I hereby enclose ..... Nos. Attested copy of document and declare that the details mentioned above are true to the best of my knowledge and belief. If any information found incorrect at any time, my candidature/ service will be terminated without any notice.

**Full Signature of the Applicant**

Place: .....

Date: .....

List of Documents attached:

- 1)
- 2)
- 3)
- 4)

**No Objection Certificate for Candidates for Deputation**

This is to certify that Mr./Ms./Mrs. .... Designation ..... Pay Scale ..... is regular employee of this Corp./Board/Organization/Deptt. There are no departmental action or case of moral turpitude against him/her. His/her character and reputation is good. If Mr./Ms./Mrs. .... will be deputed, then our Department have no any objection to depute him/her.

Signature & Seal of Head of the  
Corp./Board/Organization/Deptt.