

PROFORMA FOR APPLICATION FOR THE POST OF

ANNEAURE-A

CHAIRPERSON/MEMBER OF LOKAYUKTA :

(Please go through relevant instructions carefully before filling up the proforma)

(No columns in the application should be left blank. Every column should contain complete information as

asked for or indicate "NIL" in case of non- applicability)

1 | POST APPLIED FOR:

post of Chairperson or for the post of Member of

(Please indicate whether the Application is for the

the Lokayukta. In case you intend to apply for both

the posts, please use separate application forms)

CHAIRPERSON / MEMBER

(Strike out whichever is not applicable)

2 | Name of the Applicant (in block letters)

Title Middle = Name

3 | Date of Birth

CEI IB)

Day / Month / Year

4 | Whether the applicant belongs to SC/ST/OBC/

Minorities or women.

If yes, please indicate the category.

Yes / No

(Strike gut whichever is not applicable)

Scheduled Castes/Scheduled Tribes/

Other Backward Classes/Minorities/Women

(Strike out whichever is not applicable)

5 | PresentAddress:

6 | PermanentAddress:

7 | Contact Details:

Telephone No. (with STD)

Mobile No:

Fax No.

E-mail ID

8 | Educational Qualifications

(Separate Sheet may be enclosed)

9 | Area of Eminence 4

(Separate Sheet may be enclosed)

10} Present Occupation

11| Detailed Curriculum Vitae.including work

experience and other achievements

(Please attach a separate statement)

12) In case of Direct Applicant, please give detailed

justification as to how the applicant fulfills the

conditions of eligibility for the post applied. |

(Separate Sheet may be enclosed)

{

DECLARATION

if : , the applicant hereinabove, hereby declare that the particulars given above

and in the attached statements are true and correct to the best of my knowledge and belief. | also under-

stand that my application is liable to be rejected in case any of the information contained i in this application

is found incorrect.



I also express hereby my willingness to accept the offer for appointment and that I will relinquish my present post or business or professional practice, as the case may be, in accordance with the provisions of clause(f) of sub-section(4) of section 3, of the Arunachal Pradesh Lokayukta Act, 2014.

Date :

Place :

Signature :

Name

(No columns in the application

asked for, or indicate "NIL"

PROFORMA F: ORAPPLICATION FOR THE POST, OF\*~-

CHAIRPERSON/ MEMBER OF LOKAYUKT;

(Please go through relevant instructions carefully)

in case of non-applicability)

It should be left blank. Every column should

(For Nominated ABHIEHS)

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Contain complete information as .

4

POST APPLIED FOR:

(Please indicate whether the Application is for the  
post of Chairperson or for the post of Member of  
the Lokayukta. In case you intend to apply for both  
the posts, please use Separate application forms)

CHAIRPERSON / MEMBER 5

(Strike out whichever is not applicable) «

2 | Name of the Applicant (in block letters) Title Middle Name

3 | Date of Birth ( / Hf

: Sew Day / Month / Year

4 Whether the applicant belongs to SC/ST/OBC/ Yes / No

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If yes, please indicate the category.

(Strike out whichever is not applicable)

(Strike out whichever is not applicable)

Scheduled Castes/Scheduled Tribes/-

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Fax No.

E-mail ID

(with STD)

Educational Qualifications

(Separate Sheet may be enclosed)

Area of Eminence :

(Separate Sheet may be enclosed)

Present Occupation

Detailed Curriculum Vitae including work

experience and other achievements

(Please attach a Separate statement)

In case of Direct Applicant, please give detailed justification as to how the applicant fulfills the conditions of eligibility for the post applied.

(Separate Sheet may be enclosed)

Present post or business or professional Practice, as clause(f) of sub-section(4) of section 3, -Of the Arunachal Pradesh Lokayukta Act, 2014.

Date

- DECLARATION

also express hereby my willingness to accept the offer for appointment and that I will relinquish my the case may be, in accordance with the provisions of

Place :

DIPR/ARN/004870/2025

Head of Department / Competent Authority

Signature :

Name

Countersigned

(Only for nominated applicant)

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