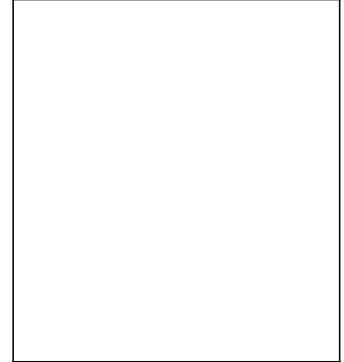


Proficiency Test for Grant of Advance Increments to the Stenographers (Ordinary Grade) of Subordinate Offices

Application form for the Proficiency test to be held in the month of April/October.....

(To be filled in candidate's own handwriting)

An extra copy of the passport size photograph should be enclosed



1. Name of the Candidate
(in block letters) :
2. Exact Date of Birth
(in Christian era) :
3. Father's/ Husband's Name :
4. At which of the following places
do you wish to take the examination : Chennai
5. Name and address of the Ministry
/Office where employed :
6. State the medium (whether English
or Hindi) in which you wish to take
the shorthand test :
7. Indicate the speed at which you
wish to take the test :

Date :

Signature of the candidate

DEPARTMENTAL ENDORSEMENT

No.....Date.....

- (i) Certified that Shri/Smt/Kum.....is a regularly Employed Stenographers (Ordinary Grade) in the
.....
(Name of the Subordinate office)under the Ministry/Department of
.....and is eligible to take the proficiency test for grant of advance increments.

- (ii) Also certified that the number of chances already availed of by the applicant have been checked and that Shri/Smt/Kum.....has not already availed of three chances at the tests conducted by the Staff Selection Commission.

Signature:

Name:

Designation:

Ministry/Office:

Stamp/Seal

Place:

The endorsement should be signed by the Head of Office, where the candidate is serving.