## **DECLARATION REGARDING INTIMATION TO CADRE CONTROLLING AUTHORITY**

| Certified that I                              | am                                                      | working as _                  |                       | in the     | office of  |
|-----------------------------------------------|---------------------------------------------------------|-------------------------------|-----------------------|------------|------------|
|                                               | _ on *regular / ad-hoc                                  | / contract basis              | since                 | _ in the * | Pay Band   |
|                                               | _ with Grade Pay Rs                                     | / on cc                       | onsolidated salary Rs | ·          | per        |
| month.                                        |                                                         |                               |                       |            |            |
|                                               | ave intimated my cadre                                  | -                             | , , ,                 | pplying fo | r the post |
|                                               |                                                         |                               |                       |            |            |
| I also understand th                          | at I will be required to                                | produce a copy of             | of proof of my comr   | nunicatior | n with my  |
| employer (intimation interview (if called for | and acknowledgement)                                    | regarding applica             | ition for the desired | post at th | ne time of |
| I have also informe                           | d my CCA that in case                                   | they have any                 | objection to my ap    | plication, | they may   |
| communicate to ADA                            | directly within 15 days o                               | f the closing date            | of online application | submissio  | n.         |
|                                               | at in case a communicati<br>dature will be liable for c | , ,                           | oyer is received by A | DA withh   | olding the |
| * NB : strike out whic                        | hever is not applicable                                 |                               |                       |            |            |
|                                               |                                                         |                               | Signature o           | of the Car | ndidate    |
|                                               |                                                         |                               |                       |            |            |
|                                               |                                                         |                               |                       |            |            |
| (To be signed, scann                          | ed and uploaded with on                                 | line application, if          | applicable as per adv | ertisemer/ | nt)        |
| Communication to A                            | DA shall be made through                                | n email to <mark>admin</mark> | -hr.ada@gov.in        | only       |            |