



DELHI JAL BOARD; GOVERNMENT OF N.C.T. OF DELHI
OFFICE OF THE ASSISTANT COMMISSIONER(D)
Varunalaya Ph-II, Karol Bagh, New Delhi-110005
Tel.: 23551279, www.delhijalboard.nic.in

No. DJB/AC(D)/MOP/RTI/2019/ 6927A

Dated: 27/10/19
21

Subject: Comprehension Test on Manual of office Procedure for 2019 and Comprehension Test on Right To Information Act 2005 for 2019.

All the DDOs/ Controlling officers are requested to circulate among their staff to participate in "Comprehension Test on Manual of Office Procedure for 2019 and Comprehension Test on Right To Information Act 2005 for 2019." received from Administrative Reforms Department, Govt. of NCT of Delhi to forward the applications in the prescribed proforma of the willing employees to the undersigned on or before 28.10.2019. Applications received after above date will not be entertained.

The exact date, time & venue of the test will be intimated in due course.


(SANDEEP GULATI)
ASSISTANT COMMISSIONER (D)


Encl. As above.

All DDOs.

AC RDP

Copy to:

1. CEO/ Members/ CVO/Addl./ CEO/Secy.DJB.
2. All Directors
3. EE(EDP) with request to upload this circular along with proforma on DJB website.
4. Dy. Dir.(PR)

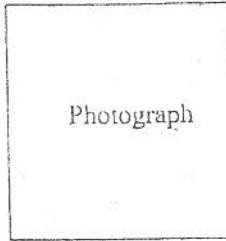

(SANDEEP GULATI)
ASSISTANT COMMISSIONER (D)



AE(EDP)
Pro-I


30-10-19

APPLICATION FORM
MANUAL OF OFFICE PROCEDURE TEST- 2019
(Note: Incomplete application forms would be rejected)



Roll Number

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(To be allotted by A.R. Department)

1. Name in capital letters (in English)

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2. Father's/Husband's Name

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3. Sex Male Female
4. Designation

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5. Date since when holding the post

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 (dd-mm-yyyy)
6. Pay Level in pay matrix (Don't mention basic pay)

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7. Category for which eligible (Please tick mark the category)

Gr.I/SO/Supdt. or equivalent and above (A)	Assistant/Gr.II(DASS)/ASO/UDC/Sr.Ass tt/ / or equivalent (B)	LDC/Jr. Asstt/Group-D or equivalent (C)

8. Department

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9. Section/Branch/Unit

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10. Complete Office address with Pin code

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11. Complete Residential Address with Pin code

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12. Contact Numbers

Office																		
Mobile																		
e-mail Id:																		

13. Bank Details (Please enclose copy of cancelled cheque):

Name of Bank _____

Branch Address _____

Account No.																		
IFSC Code																		
MICR Code																		

(Without bank details, application may not be considered)

Certified that the above information is correct to the best of my knowledge and belief. I understand that the information furnished above, if found suppressed / incorrect at any stage, will attract disciplinary proceedings against me. I also undertake that the knowledge gained would be properly utilized for office use.

Signature of the Applicant

