

PERFORMA FOR VIGILANCE STATUS REPORT

1. Name of the Officials/Officer :
2. Designation :
3. Pay Scale/Pay Band :
4. Date of Birth :
5. Present place of Posting/office :
6. Date of joining in present Office/Deptt. :
7. Purpose for vigilance status required :
8. Contact No. of the Official/Officer
 - (a) Office :
 - (b) Mobile No. :
9. Whether on posted strength of DSW/DWCD or Rehabilitation Services ? :
10. Details of penalty, if any :

It is certified that no case is pending or contemplated against
Sh/Smt/Ms. _____
Working in this office as per service records.

Signature of HOO/DDO _____

Name of concerned HOO/DDO _____

Sh/Smt./Ms. _____

Designation alongwith seal and date _____

PROFORMA FOR SEEKING VIGILANCE STATUS REPORT

Name of the Department: _____

S.No.	Name of the Officer	D.O.B.	Designation	Cadre/Ex-cadre	If any vigilance matter is contemplated against the officer in the Department, details of the same may please be furnished.	Details of the previous posting(s) on Gazetted posts (As per service book & duration record)	
01	02	03	04	05	06	07	
						Deptt.	Duration

It is certified that above information is as per Service Book and records and is correct and true.

**Name & Signature of the
Head of Office/Officer authorized
with seal & Date**

PRESCRIBED FORMAT FOR ISSUE OF MEDICAL CARD/FORMS

1. Name of the Officer/Official _____
2. Father's/Husband's Name _____
3. D.O.B. __/__/____
4. D.O.A. __/__/____
5. Whether Officer/Official is a regular employee: Yes / No
6. Whether any medical card has been issued earlier by earlier Deptt.: Yes / No
If Yes, then enclosed old medical Card.
7. Whether DGHES is deducted from his salary if Yes, Since when?

8. Date of retirement __/__/____
9. If the Officer/Official is retired from service, the following information may be provided:-
 - a) Retired order is enclosed.
 - b) Whether TR-5 is enclosed.
 - c) Whether copy of SBI challan depositing, necessary amount is enclosed.
 - d) Give the status of medical card life time/10 yrs./onwards.
10. Any other information, if any _____

PROFORMA FOR GRANT OF MACP

1. Name of the Officer :
2. Date of Birth :
3. Date of initial appointment in Govt.
Govt. Service with Post and payscale:
4. Mode of initial Recruitment in Govt
Service (SSC/Compassionate/redeployed/
Absorption/Promotion
5. Date of 1st /2nd /3rd regular promotion (including in-situ promotion) with Post and Pay scale under the old ACP Scheme be mentioned against the concerned column stated above.

1 st	2 nd	3 rd
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6. Seniority No. in Gr-I,II,III and IV (DASS)
Seniority No. in Gr-I,II& III (Steno)
7. (a) Date on which the official is Completing 10/20/30 years of Regular Service with their Pay scale and subsequent pay band under MACP-2008

10 yrs	20 yrs	30yrs
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- (b) Date on which the official is completing 12/24 years of regular Service with post and pay scale .

12 yrs	24 yrs
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8. Whether the official was/is under suspension/
Departmental Vigilance Case being contemplated/
Pending. If so, attach a brief note and copy of Charge Sheet.
9. Whether any penalty was/is imposed on the official.
If so, details thereof alongwith a copy of relevant order
10. E.O.L on private affairs, if any
11. Whether integrity Certified (Yes/No)
12. Type test report (passed/exempted), alongwith relevant Copy of order, if exempted date w.e.f exemption granted
13. ACRs enclosed for the years
14. Other details, if any, relevant as per ACP Scheme.

Certified that the above particulars are taken from the Service Book of the official concerned.

(Signature of the Competent Authority) with seal.