

APPLICATION FORM FOR CDP – NETWORK & MOBILE SECURITY

01.	Name of the officer in CAPITAL letters			
02.	Staff number (as per blue book)			
03.	Present post and date since held			
04.	Office Address			
05.	Mobile Number			
06.	Email Address (GOV/NIC)			
07.	Date of Birth			
08.	Age as on 01 st Jan 2022			
09.	Date of retirement			
10.	Date of entry into service			
11.	Educational Qualifications (Graduation onward)			
	Qualification	Subject/Stream	Institute	Year of pass-out
13.	Particulars of posts held during past ten years			
	Post & Place	From	To	Nature of Duties
14.	Details of training programs attended in past ten years			
	Name of course/training	Year	Institute of training	Duration

15.	APAR rating for past five years				
	2020-21	2019-2020	2018-2019	2017-2018	2016-2017
16.	Technical Knowledge and Domain Experience related with Network Security (Describe in max. 1000 words)				
17.	Additional information related with your suitability for the Competency Development program on Network Security (Describe in max. 1000 words)				
18.	Any vigilance or disciplinary case against you in past or pending currently				
	If YES, status and penal details				
19.	Details of Foreign visits in past ten years, if any				
	Year and duration of visit	Country of visit	Purpose of visit		

Declaration:

- 01. I certify that the information given in this application form is correct and true to the best of my knowledge.
- 02. I have gone through the complete details of the program and agree to abide by all the clauses of the program including clause 3.4 regarding deployment & retention.
- 03. I agree to abide by the decision of the authorities concerned regarding my selection to the program.

Signature of the applicant

Name

Designation.....

Date

Approval of Head of Unit

- 01. Certified that the service particulars given by the applicant have been verified from his/her service records and found to be correct.
- 02. Also the officer will be relieved for all the spells of the training of this program, as and when required.

Signature with seal of the Competent Authority

Name.....

Designation.....

Date.....