**ACKNOWLEDGEMENT**

**REGARDING CORRECTNESS OF SENIORITY POSITION**

Certified that I have carefully perused the Draft Zonal Seniority Listin the grade of Superintendent as on 31.12.2021 and found correct.

Signature with date:

Name:

Designation:

Place of working:

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Certified that I have carefully perused the Draft Zonal Seniority Listin the grade of Superintendent as on 31.12.2021 and found certain discrepancies and have submitted a detailed representation to the concerned controlling officer, in respect of the discrepancies noted.

Signature with date

Name:

Designation:

Place of working:

Note: strike out whichever is not applicable.

CERTIFICATE TO BE FURNISHED BY THE ADMINISTRATIVE OFFICER OF COMMISSIONERATE HQRS / DIVISIONAL ADMINISTRATIVE OFFICER WHILE FORWARDING THE REPRESENTATIONS FROM INDIVIDUALS REGARDING FIXATION OF THEIR SENIORITY WITH REFERENCE TO THE DRAFT ZONAL SENIORITY LIST AS ON 31.12.2021 IN THE CADRE OF SUPERINTENDENT.

Certified that the individual has accepted the fixation of his/her seniority position in the draft Zonal seniority list of Superintendent as on 31.12.2021 / the individual has not accepted the fixation of his/her seniority and has submitted a representation and the particulars have been verified with relevant records and the claim of the individual is found to be correct.

SIGNATURE OF THE A.O WITH DATE

Name of the A.O

with office seal

CERTIFICATE TO BE FURNISHED BY THE ADMINISTRATIVE OFFICER OF COMMISSIONERATE HQRS / DIVISIONAL ADMINISTRATIVE OFFICER REGARDING CORRECTNESS OF THE ENTRIES IN THE DRAT SENIOIRTY LIST OF SUPERINTENDENT AS ON 31.12.2021 WITH REFERENCE TO THOSE FOUND IN SERVICE BOOK

Certified that the particulars in the draft Zonal seniority list of Superintendent as on 31.12.2021 have been duly verified with relevant entries in the Service Book of the Superintendent concerned and the following discrepancies are reported. The details regarding the blank columns found in the draft seniority lists are also furnished below.

SIGNATURE OF THE A.O WITH DATE

Name of the A.O

with office seal

CERTIFICATE

(For use when modification is required)

Certified that, I have carefully perused the Draft Zonal Seniority List in the cadre of Superintendent as on 31.12.2021 and found that the following discrepancies are required to be rectified.

|  |  |  |
| --- | --- | --- |
|  | As appearing in the Seniority List | Modification required |
| Employee Code |  |  |
| Name |  |  |
| Category |  |  |
| Date of Birth |  |  |
| Date of first Appointment |  |  |
| Date of Confirmation |  |  |
| Date of Appointment in the present grade |  |  |
| Educational Qualification |  |  |
| Remarks |  |  |

Signature :

Name:

Designation:

Office:

Certified that the above particulars furnished by the official have been verified with his/her Service Book and found to be correct and requires modification in the Seniority List.

Signature(with date):

Name:

Designation:

Office: