

APPLICATION FORM CUM UNDERTAKING FOR PERMANENT ABSORPTION

To

The Cadre Controlling Authority.
(of the deficit office)

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.....

(Through proper channel)

Subject: Application for permanent absorption to the O/o thefor the post
of AAO

Sir/Madam,

With reference to the transferor Office's Circular No. dated
I AAO/AAO (Adhoc)/Clerk/ Auditor/ Accountant/
Stenographer Grade-III / Sr. Auditor / Sr. Accountant /Stenographer Grade-II/ Stenographer
Grade-I/DEO-B/DEO-A(SAS passed) of the Office of
the.....(name of the transferor office) hereby apply for
permanent absorption to AAO cadre in the Office of the.....(name of the
transferee office). I also enclose herewith my complete bio-data.

Undertaking

I..... AAO/AAO (Adhoc)/Clerk/ Auditor/ Accountant/ Stenographer
Grade-III / Sr. Auditor / Sr. Accountant /Stenographer Grade-II/ Stenographer Grade-I/DEO-
B/DEO-A(SAS passed) of the Office of the(name of the transferor office)
solemnly affirm and state as follows:

- (i) that I accept all the terms and conditions mentioned in the transferor Office's Circular / Office Order No..... datedregarding permanent absorption.
- (ii) that I also accept the condition that consequent upon my permanent absorption to AAO cadre, I shall be ranked junior most in the cadre in the transferee office.
- (iii)that I shall not claim any benefit of my previous position which I enjoyed in the transferor office in service matters like seniority, added benefit of previous service while deciding the matter of promotion, seniority, etc. in the new office in future
- (iv)that I shall have no lien to the post held by me in O/o.....(previous office) subsequent to my absorption in AAO cadre in O/o(new Office) and I accept that the absorption in irreversible.

(v) that I shall pass the language test applicable to the State (language.....), failing which I shall not be considered for further promotion to next higher cadre.

(vi) I shall also abide by all the decisions taken from time to time in this regard by the competent authority.

Yours faithfully,

Signature.....

Name.....

Designation.....

Name of the office of the Applicant seeking permanent absorption.

Place:.....

Date:.....