

S No	AIEL No	RY	OC	SC	ST	PwBD	
1	AIEL-3	2010	all	all	all	all	
2		2011	all	all	all	all	
3		2012	upto S No	upto S No	upto S No	upto S No

ANNEXURE-1

SCREENING COMMITTEE REPORT FORMAT

Sl. No.	Name	HRM S No.	Category		Date of Birth			Present Circle	Date of Promotion/Date of appointment (DR-JTO)			APAR GRADINGS					Whether absorbed (Yes/No)	Any Adverse entry in picture of APARs (Y/N) (Specify the APAR period, if any)	Any Adverse comment about integrity (Y/N) (Specify the APAR period, if any)	Whether necessary disclosure of APARs to the executive is completed (Y/N)	Current Vigilance Clearance (Granted/Withheld)	VC Date			Details of penalty, if any	Remarks	Recommendation of Screening Committee					
			OC/SC/ST	PwBD (YES/No). If YES then Type of disability (a/b/c/d/e) as per Para 2.2 of DOP&T OM 17.05.2022 Refer Note 1	DD	MM	YYYY		DD	MM	YYYY	2015-16	2016-17	2017-18	2018-19	2019-20						DD	MM	YYYY								
1																																
2																																
3																																

Note 1 : Example for PwBD column
 if Not PwBD, then **No**
 if PwBD of category (a), then **Yes(a)**
 if PwBD of category (b), then **Yes(b)**
 and so on

Note 2:- The information should be duly signed by the screening committee

