GENERAL INSURANCE (EMPLOYEES') PENSION SCHEME, 1995.

ANNEXURE - 29

FORM OF APPLICATION FOR PERMISSION TO ACCEPT COMMERCIAL EMPLOYMENT.

(To be submitted compulsorily by Officers in the Rank of Scale IV and above.)

Date of Retire		1		
Particulars of	service during the last 5 years	ears :		
Office	Department.	Post held.	From	To
(4)				
	ding commercial employm	ent :		
a) Name of b) Type of compan c) Whether	f the company/firm etc. business carried out by the	: e	92	
a) Name of b) Type of compan c) Whethe with the d) Duration	f the company/firm etc. business carried out by the y/firm er the applicant had any de	: e		
a) Name of companion b) Type of companion c) Whether with the d) Duration dealing	f the company/firm etc. business carried out by the y/firm er the applicant had any de firm during his service. on and nature of official	e : :aling :		
a) Name of b) Type of companions c) Whether with the with the dealing e) Name f) Whether the companions of the companio	f the company/firm etc. business carried out by the y/firm er the applicant had any de firm during his service. In and nature of official with the firm.	e : ealing :		

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	h) Remuneration offered.				
	i) If proposing to set up practice indicate	\$			
	 a) Professional Qualifications in the field of practice. 				
	b) Nature of proposed practice	<u>\$</u>			
	j) Any other information which the	*			
	applicant considers relevant.				
5.	DECLARATION:				
	1	hereby declare that			
a)	the commercial employment which I propose conflict with GIC/Companies.	to take up/I have taken up will not bring me into			
b)	my commercial employment will not be such that my previous official position or knowledge or experience in GIC/Companies could be used to give my present proposed employer an unfair advantage.				
c)	my commercial duties will not involve liaison or contact with offices of GIC/Companies.				
d)	I have not taken any commercial employment since my retirement,				
e)	I will apply for permission in case I take Commercial employment with in two years of retirement (DOR)				
(Strike	out whichever is not applicable.)				
Place	## ##	SIGNATURE OF THE APPLICANT.			
Date	3				