

PARTICULARS OF CHIEF VIGILANCE OFFICER

S. No	Particulars	
1.	Name of the Organisation with full address (Please indicate the Administrative Ministry / Department / Autonomous bodies)	
2.	Name of the C.V.O	
3.	Telephone number (s) Office: Residence: Mobile No.: Email ID:	
4.	Fax No.	
5.	Date of birth of CVO	
6.	Date of superannuation of CVO	
7.	Designation of the CVO within the Organisation	
8.	Service to which he belongs with cadre	
9.	Pay-scale of the incumbent	
10.	Whether the post of CVO is full-time or part-time?	
11.	Whether the functions of CVO have been assigned to him in addition to his normal duties or he is working on full-time as CVO only?	
12.	Date of approval of the appointment of the CVO by the Commission.	
13.	Whether on deputation or from Within the organization?	
14.	Date on which he took over the charge of the post of CVO	
15.	Date on which his tenure ends	
16.	Whether attended any training course for CVOs organized by the CVC? If so, the dates	
17.	Whether worked as CVO earlier? If so, the name of the organization (with period)	
18.	If the post of CVO is vacant or not filled	

	with the approval of the Commission, since when and why?	
19.	Date of relinquishing charge by relinquishing predecessor	
20.	If office located out of Delhi. Please indicate name(s) and other particulars including residence/ office telephone Nos. of Delhi based officer(s) of your organization who can be contacted in emergent situation to pass on messages to you.	
21.	Fax No., if any (Delhi)	
22.	Any other remarks.	