

VACANCY CIRCULAR

Indian Council of Medical Research (ICMR), an autonomous organization under the Department of Health Research, Ministry of Health & Family Welfare, Government of India invites application for filling up one **post of Assistant Director General (Administration)** in Level 12 (Rs. 78800-209200) of pay matrix on Deputation, Including Short Terms Contract (ISTC) basis, initially for a period of three years, from the eligible employee of Central/State Govt., Autonomous Body & PSU.

1. **Eligibility Condition:**

- (i) Holding analogous post or the post of Under Secretary in Level 11 (Rs. 67700-208700) of pay matrix or equivalent with five year service in that grade;
- (ii) 5 years working experience in Administration and Finance; and
- (iii) Below 56 years of age as on the last date of receipt of application.

2. **How to apply**

Willing & eligible officers may submit their application in the prescribed form (available at ICMR Website.(<http://www.icmr.nic.in>) along with detailed CV (giving the details of past assignments and the work handled by the officer) through proper channel, so as to reach the Assistant Director General (Administration), Indian Council of Medical Research, Ramalingaswamy Bhawan, Ansari Nagar, Post Box -4911, New Delhi-110029 on or before 04.10.2019.

3. While forwarding the applications, the Controlling Authority should also send the following documents:-

- (a) Vigilance Clearance Certificate
- (b) Attested copy of APARs of the last 5 years i.e. 2014-15, 2015-16, 2016-17, 2017-18 and 2018-2019.

4. The application received after the last date or incomplete or those not received through proper channel will not be considered.

5. The short listed candidates shall be called for Personal Discussion on given date and time at ICMR Hqrs. Office, New Delhi. No TA/DA shall be paid for appearing in Personal Discussion.

6. Applicant will not be permitted to withdraw his/her name after selection.

7. The selected candidates will be appointed on Deputation / ISTC basis for a period of three years, which may be curtailed or extended further in the interest of administrative exigencies with the approval of the Competent Authority. The pay and other terms & conditions of deputation will be governed as per the instructions of the Department of Personnel & Training (DOP&T) issued from time-to-time in this regard.



Asstt. Director General(A)
Tel No. 011-26589365

INDIAN COUNCIL OF MEDICAL RESEARCH
V. Ramalingaswami Bhawan, Ansari Nagar, New Delhi-110029

FORM OF APPLICATION FOR THE POST OF ASSISTANT DIRECTOR GENERAL (ADMIN.)

Part-I

To be filled by the Applicant (No column should be left blank)



1 Full name of the applicant (in block letters):

2 Father's name/Spouse name

Gender :

Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
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3

4 (a) Date of Birth DD MM YYYY

(b) Age as on last date for receipt of application: DD MM YYYY

(c) Date of Retirement DD MM YYYY

5 Date of joining in DD MM YYYY
 Service

6 **Details of posting in last 10 years, starting with present post held: (use separate page, if required)**

Sl	Designation	Name of Organisation/ Department/Office	Whether post held on regular/adhoc/ officiating/ deputation basis	Scale of Pay/Pay Band + Grade Pay + Pay Level	Period		Duration
					From	To	

7 Current post held on regular basis

(a) Name of the post

(b) Whether Group A/B Gazetted: Group-A Group-B

(c) Scale of Pay/Pay Band + Grade Pay

(d) Date of appointment on regular basis in Group'A' (Gazetted)/Group'B' (Gazetted post
 DD MM YYYY

8 Present Basic Pay + Grade Pay Basic Pay Grade Pay

9 (a) Educational Qualifications

(b) Professional Qualifications, if any

10 Experience, particularly relating to Health Sector/Finance/Accounts

11 Date of return from last ex-cadre post, DD MM YYYY
if any date of completin of cooling off period, if applicable DD MM YYYY

12 Whether all eligibility conditions are fulfilled : Yes NO

13 (a) Postal address for communicatin with Pin Code (in block letters)

Telephone No. Mobile No.

Fax Number:

E-mail ID

(b) Postal address of Parent Department with PIN Code and Telephone/Fax Number/E-mail ID (in block letters)

Certified that the informatin furnished above by me is correct

Signatutre of the applicant with date

Part-II

(To be filled by the Cadre Controlling Authority of the applicant)

1. Certified that the particulars given above by the applicant are correct as per the records available in the Department/Office of _____
2. It is also certified that Shri/Ms _____ is clear from Vigilance Angle and no disciplinary proceedings are pending or contemplated against him/her
3. It is also certified that integrity of Shri/Ms _____ is _____
4. The attested copies of the Annual Confidential Reports (ACRs/Annual Performance Appraisal Reports (APARs for the last 5 years, i.e. 2014 -2015, 2015 -2016, 2016-2017 and 2017-2018 and 2018-2019 and are enclosed along with NRC for the period _____ (if ACR/APAR for period of more than 3 months is not available/recorded then ACRs/APARs prior to 2011-2012 for the matching period needed o be forwarded along with No Report Certificate (NRC)
5. It is hereby certified further that this Department/Office shall have no objection to the relieving of said officer in case Shri/Ms _____ is selected for the post of Assistant Director General (Admn.)

(Name, Signature & Telephone No.
of officer with official Stamp)

Place:

Date: