VACANCY CIRCULAR

Indian Council of Medical Research (ICMR), an autonomous organization under the Department of Health Research, Ministry of Health & Family Welfare, and Government of India invites application for filling up of the post of Technical Officer-C (Executive Engineer) in the Pay Band-3 (Rs.15600-39100)+Grade Pay Rs.6600/- on deputation basis initially for period of three years from CPWD/ Central Government Engineering Departments/ Autonomous Bodies/ Organizations/PSUs etc.

1. Eligibility Condition:

   i) Holding analogous post in Pay Band-3 (Rs. 15600-39100) + Grade Pay of Rs. 6600 or holding the post of Assistant Executive Engineer (Civil and Electrical) in Pay Band-3 (Rs. 15600-39100) + Grade Pay of Rs. 5400 with 4 years of regular service in the grade or Assistant Engineer (Civil and Electrical) in Pay Band-2 (Rs. 9300-34800) + Grade Pay of Rs. 4600 with 7 years regular service in the grade and possessing Degree in Engineering from recognized University/ Institution or other equivalent qualification.

   ii) Maximum age limit is 56 years as on the last date of receipt of application.

2. How to Apply:-

   i) Willing & eligible officers possessing above eligibility condition 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(i.e. through Controlling Authority) 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 11.7.2016.

   ii) While forwarding the applications, the Cadre Controlling Authority should also send the following documents:-

      (a) Vigilance Clearance Certificate

3. The Competent Authority reserves the right to relax the conditions in the interest of administrative exigencies for any class or category of persons who applies for the aforesaid post.

4. The pay and other terms & conditions of deputation will be governed as per the instruction of the Department of Personnel & Training (DOP&T) issued from time in the regard.

(Agnes Xalxo)
Asstt. Director General(Admn.)
Tel No. 011-26589694
**INDIAN COUNCIL OF MEDICAL RESEARCH**  
V. Ramalingaswami Bhawan, Ansari Nagar, New Delhi-110029  

**FORM OF APPLICATION FOR THE POST OF TECHNICAL OFFICER-C**

**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**

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3. **Gender:**

   - Male  
   - Female

4. **Date of Birth**

   - DD  
   - MM  
   - YYYY

5. **Age as on last date for receipt of application:**

   - DD  
   - MM  
   - YYYY

6. **Date of Retirement**

   - DD  
   - MM  
   - YYYY

7. **Date of joining in Service**

   - DD  
   - MM  
   - YYYY

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

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<tr>
<th>SI</th>
<th>Designation</th>
<th>Name of Organisation/Department/Office</th>
<th>Whether post held on regular/adhoc/officiating/deputation basis</th>
<th>Scale of Pay/Pay Band + Grade Pay</th>
<th>Period</th>
<th>Duration</th>
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   **Current post held on regular basis**
   - **Name of the post:**
   - **Whether Group A/B Gazetted:**
     - Group-A  
     - Group-B
   - **Scale of Pay/Pay Band + Grade Pay:**
   - **Date of appointment on regular basis in Group' A' (Gazetted)/Group'B' (Gazetted post):**
     - DD  
     - MM  
     - YYYY
   - **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, if any
date of completion of cooling off period, if applicable

12 Whether all eligibility conditions are fulfilled:

13 (a) Postal address for communication 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 information furnished above by me is correct

Signature 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 __________
3

4 The attested copies of the Annual Confidential Reports (ACRs/Annual Performance Appraisal Reports (APARs for the last 5 years, i.e. 2010-2011, 2011-2012, 2012-2013, 2013-2014 and 2014-2015 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 2010-2011 for the matching period needed to 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 Senior Financial Advisor in ICMR.

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