OFFICE OF THE COMPTROLLER AND AUDITOR GENERAL OF INDIA, NEW DELHI.

No. 591 – Staff (App)-I/01-2023/Vol.III Dated: 05/04/2023

To

- 1. All the Heads of Department in IA&AD
- 2. Director (P).

Subject: Filling up post of Administrative Officer in level 10 on deputation basis in ICMR,

Delhi

Sir / Madam,

I am directed to intimate that ICMR, New Delhi has intimated to fill up the following posts on deputation basis. Maximum age limit shall not exceeds 56 years as on the closing date of receipt of application. The period of deputation shall be initially for period of three years which could further be extended on yearly basis for two years. Eligibility criteria to fill up the post through deputation are as follows:

Name of post	Pay Scale	Eligibility Criteria
Administrative Officer 11 Posts (04 in Delhi, 01 in Jodhpur, 01 in Agra, 01 in Gorakhpur, 01 in Dibrugarh, 01 in Noida, 01 in Belagavi, 01 in Hyderabad)	Level 10	 Sr. Audit Officer/ Sr. Accounts Officer (Level 10); or AAO with 04 years of regular service;

- 2. In this regard, it is requested to kindly recommend the names of eligible officers who are willing and can be spared immediately in the event of their selection for the above mentioned posts on deputation basis after following the provisions given in Deputation Policy for non-IA&AS Officers for deputation outside IA&AD as circulated vide circular No. 1050-Staff (App)-I/05-2022 dated 28.06.2022. The recommendations accompanied with the following documents / certificates may kindly be sent to the **Asstt. Comptroller and Auditor General (N)-I latest by 20/04/2023**:
 - i. Application (in duplicate) only in the prescribed proforma (Annexure enclosed) of willing and eligible Candidates with certification by employer.
 - ii. Duly attested copies of each page of APARs for the last 5 years (2017-18 to 2021-22).
- iii. Latest vigilance certificate, integrity certificate and CR dossiers
- 4. Applications received after <u>20/04/2023</u> will not be considered under any circumstance.
- 5. In case of selection, the candidate will not be allowed to withdraw the application. In case of withdrawal of willingness after selection, the candidate will be debarred from applying to the deputation for 03 years from the date of communication of the selection by the borrowing department.

Yours faithfully,

Encls:-As above

(Prem Kumar Jaruhar)

Sr. Administrative Officer (Staff App-I)

52/0

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

FORM OF APPLICATION FOR THE POST OF ADMINISTRATIVE OFFICER

art	<u>t-1</u>																	
		e filled by the Ap	plicant	(No c	colum	n sho	uld b	e left	blank	()					1,000			
1		ne of the Post:	e sessioners es	Windowski.					,			tio is	24100	HERRIE	140 150			
	Post	Code (S):	A1	A2	АЗ	A4	A5	A6	A7	A8	-	-	-	-	-			
2	Full	name of the app	licant (in blo	ock let	tters				1		1			ا		Affix re	cent
-	T GIL	T I I	Treatie (I	T	1	Ī	T	To be a			T	11111	10000		tarti sita	passport si	Maria Personal State of Land
	75.74				1071								100					
3	Fath	er's name/Spous	e name		т —				1	1		1	1		1			
				alemne se Armonalis								1000						
		- make Naviga Walking	1			(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)						e en en en	1					
1	Gend	ler: Male		Fer	male						e daje							
	(-)	D-4 (B: 1)			1	7		1	1	THE SE	1	1	1	٦٠٠٠٠				
5	(a)	Date of Birth				_DD		1	MM				<u> </u>]				
	(b)	Age as on last da	ate for r	eceip	ot of a	pplica	ation:				T	700			MM I			7
	(C)	Date of Retireme	ent			DD]MM					YYYY				
		64 - 51 - 5 - 5			1	1		-		1700		-		7				
			ANICA I				1						1			The state of		
5		Date of joining in S	DET VICE			DD		1	MM	Available Transport	. 200	1	1	YYYY				
5		Date of Johning III 3	JET VICE			DD	and the second		ММ	2/4 1/4	, joh ,	1						
,		ils of posting in l		ears,	, start	_	rith pi	esen		t held	d: (us	se se	para			quire	d)	
	Deta	ils of posting in l	ast 10 y			ing w	rith pi		t pos					te pag				
			ast 10 y	f Orgai	nisatio	ing w	rith pi	When		ost he		Scale		te pago	e, if re	Pei	riod	Duratio
	Deta	ils of posting in l	ast 10 y	f Orgai	nisatio	ing w	rith pr	When regul	t pos ther polar/adl	ost he		Scale	e of P	te pago	e, if re			Duration
	Deta	ils of posting in l	ast 10 y	f Orgai	nisatio	ing w	rith p	When regul	t pos	ost he		Scale	e of P	te pago	e, if re	Pei	riod	Duratio
	Deta	ils of posting in l	ast 10 y	f Orgai	nisatio	ing w	ith p	When regul	t pos ther polar/adl	ost he		Scale	e of P	te pago	e, if re	Pei	riod	Duratio
	Deta	ils of posting in l	ast 10 y	f Orgai	nisatio	ing w	rith p	When regul	t pos ther polar/adl	ost he		Scale	e of P	te pago	e, if re	Pei	riod	Duratio
	Deta	ils of posting in l	ast 10 y	f Orgai	nisatio	ing w	ith p	When regul	t pos ther polar/adl	ost he		Scale	e of P	te pago	e, if re	Pei	riod	Duratio
	Deta	ils of posting in l	ast 10 y	f Orgai	nisatio	ing w	rith p	When regul	t pos ther polar/adl	ost he		Scale	e of P	te pago	e, if re	Pei	riod	Duratio
	Deta	ils of posting in l	ast 10 y	f Orgai	nisatio	ing w	ith p	When regul	t pos ther polar/adl	ost he		Scale	e of P	te pago	e, if re	Pei	riod	Duratio
	Deta	ils of posting in l	ast 10 y	f Orgai	nisatio	ing w	rith p	When regul	t pos ther polar/adl	ost he		Scale	e of P	te pago	e, if re	Pei	riod	Duratio
	Deta	ils of posting in l	ast 10 y Name o Departn	f Orgai	nisatio	ing w	l pi	When regul	t pos ther polar/adl	ost he		Scale	e of P	te pago	e, if re	Pei	riod	Duratio
	Deta	ils of posting in l	Name o Departn	f Orgai	nisatio	ing w	ith p	When regul	t pos ther polar/adl	ost he		Scale	e of P	te pago	e, if re	Pei	riod	Duratio
	Deta	ils of posting in l	Name o Departn	f Orgai	nisatio	ing w	rith p	When regul	t pos ther polar/adl	ost he		Scale	e of P	te pago	e, if re	Pei	riod	Duratio
	Deta SI Curre (a)	ils of posting in l	Name of Department	f Organ	nisatio Office	ing w	Grou	Whet regul offici depu	t pos ther polar/adl	ost he		Scale	e of P d + Gr + Pay	te pago	e, if re	Pei	riod	Duratio
	Curre (a)	Designation Designation ent post held on r Name of the post	Name o Departn regular	f Organ	nisatio Office	ing w		Whet regul offici depu	t pos ther polar/adl	ost he		Scale Banc Pay	e of P d + Gr + Pay	te pago	e, if re	Pei	riod	Duratio
	Curre (a)	Designation Designation ent post held on r Name of the post Whether Group A	Name of Department of Departme	f Organ	nisatio Office	ing w		Whet regul offici depu	t pos ther polar/adl	ost he		Scale Banc Pay	e of P d + Gr + Pay	te pago	e, if re	Pei	riod	Duratio
	Curre (a)	Designation Designation ent post held on r Name of the post	Name of Department of Departme	f Organ	nisatio Office	ing w		Whet regul offici depu	t pos ther polar/adl	ost he		Scale Banc Pay	e of P d + Gr + Pay	te pago	e, if re	Pei	riod	Duratio
	Curre (a)	Designation Designation ent post held on r Name of the post Whether Group A	ast 10 y Name o Departn egular l t A/B Gaz evised Band	f Organ nent/O	nisatio Office	ing w	Grou	Whete regul offici depu	t pos ther pos lar/adl iating/	basis	d on	Scale Banc Pay	e of P 1 + Gr + Pay	te pag ay/Pay ade Level	e, if re	Pei	riod	Duration

(b) Professional Qua	alifications, if any	
Experience, particular Health Sector/Finance		
Date of return from la	st ex-cadre post,	DD MM Y
period, if applicable	an or cooming on	DD MM Y
Whather all aligibility	conditions are fulfilled :	Yes No
		Code (in block letters)
		Code (in block letters)
(a) Postal address for		Code (in block letters)

Signatutre of the applicant with date

51/0

3

- 33					
n	1	-		٠	١
1	1	rt	**	I	١
	~				1

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

1	Certified that the particulars given above by the applicant are correct the Department/Office of	as per the records available in
2	- 10 10 0100 001 01100 01101 01111 1110	is clear from
1	Vigilance Angle and no disciplinary proceedings are pending or conter	mpiated against nim/her.
3	3 It is also certified that integrity of Shri/Ms	isis
4	for the last 5 years, i.e. 2017-2018, 2018-2019, 2019-2020, 2020-2021	and 2021-2022) (if ACR/APAR for period of more
	than 3 months is not available/recorded then ACRs/APARs prior to 20 forwarded along with No Report Certificate (NRC)	13-2014 for the matching period needed to be
5	,	objection to the relieving of said officer in case tof Administrative Officer.
	Place:	(Name, Signature & Telephone No. of officer with official Stamp)