

**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
<u>Administrative Officer</u> 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	1. Sr. Audit Officer/ Sr. Accounts Officer (Level 10); or 2. 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 **20/04/2023** 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,



(Prem Kumar Jaruhar)

Sr. Administrative Officer (Staff App-I)

Encls:-As above

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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

		DD			MM					YYYY
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		DD			MM					YYYY
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12 Whether all eligibility conditions are fulfilled :

		Yes			No
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13 (a) Postal address for communication with Pin Code (in block letters)

Telephone No.

Mobile No.

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 _____
- 4 The attested copies of the Annual Confidential Reports (ACRs/Annual Performance Appraisal Reports (APARs 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 2013-2014 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 Administrative Officer.

Place:

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