## प्रधानमहालेखाकारकाकार्यालय (ले. व. ह.), मेघालय, शिलांग – 793 001 OFFICE OF THE PR. ACCOUNTANT GENERAL (A&E), MEGHALAYA, SHILLONG-793001

फ्रैक्ससं./FaxNo.:0364-222310 ई-मेल/e-mail:agaemeghalaya@cag.gov.in

## Estt-I Circular No. 189

Applications are hereby invited from interested Sr. Accountant/Assistant Supervisor who are willing to be considered for appointment to the post of Welfare Assistant on deputation basis in the office of the Principal Accountant General (A&E) Meghalaya, Shillong.

Necessary particulars are given below: -

1.Name of the Post

: Welfare Assistant.

2.Classification

: General Central Services (Group 'B' Non-Gazetted,

Ministerial).

3. Scale of Pay

: PB-2 (Rs.9300-34800+4800) (Level-8).

: i) Holding analogous post on regular basis in the

4.Eligibility

parent cadre of Department, OR, ii) Sr. Accountant/Assistant Supervisor with 3 years

service drawing pay in the Pay Band-2 (Rs.9300-34800+4200 (GP) possesing 3 years experience in the field welfare or community activities, House Keeping, Sports & Cultural activities, Personal administration including settlement of personal

claim etc.

5.Terms

: Period of deputation including period in another ex

cadre post held immediately preceding this

appointment in the same or some other organisation or Deptt. of the Central Govt. shall ordinary not to

exceed 3 years. The maximum age limit for

appointment on Deputation shall not be exceed 56 years

as on the closing date of receipt of application.

Intending officials may submit their application to Establishment-I section of this office on or before <u>25.11.2024</u> in the enclosed proforma.

Application received after the prescribed date will not be entertained.

Sd/-Deputy Accountant General (Admn)

Memo No. Estt-I/8-13/(WA)/2017-2024/1737-1741

Forwarded for information and necessary action to:

1. All Heads of Departments of IA&AD, (As per mailing list).

2. Regional Capacity Building and Knowledge Institute (RCB&KI), Shillong.

3. All Branch Officers.

4. All AAOs.

5. Circular File.

Establishment Officer

Date: 23.10.2024

Dated: 23.10.2024

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## **Proforma**

|   | -   | Application for the post of V  | <u> Velfare Assistant (</u> | on Deputation Basis        |
|---|-----|--------------------------------|-----------------------------|----------------------------|
|   | 1.  | Name of Official               | :                           |                            |
|   | 2.  | Present place of posting       | ;                           |                            |
|   | 3.  | Designation                    | i                           |                            |
|   | 4.  | Present Pay/Pay Level          | :                           |                            |
|   | 5.  | Date of Birth                  | :                           |                            |
|   | 6.  | Date of Appointment in service | :                           |                            |
|   | 7.  | Date of Appointment/promotion  |                             |                            |
|   |     | to present grade               | :                           |                            |
|   | 8.  | Educational Qualification      | :                           |                            |
|   | 9.  | Brief particulars of duties    | ¢                           |                            |
|   | 10. | Experience                     | :                           |                            |
|   | 11. | Any other achievements         | :                           |                            |
|   |     |                                |                             |                            |
|   |     |                                |                             | Signature of the Candidate |
| Dat   | te: |                                |                             |                            |
| Certificate   |     |                                |                             |                            |
| Certified that the information furnished by is co<br>as verified from the official records. |     |                                |                             | is correct                 |
|   |     |                                |                             |                            |

(Signature of the Competent Authority)