

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

No. 1066 -Staff (App)-I/05-2022/Vol. I
Dated: 01.07.2022

To

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

Subject: Filling up the post of Assistant in Level-06 on deputation basis in Department of Higher Education (Minority Cell), New Delhi

Sir / Madam,

I am directed to intimate that the Department of Higher Education (Minority Cell), New Delhi has intimated to fill up post of Assistant in Level- 06 on deputation basis. Maximum age limit for appointment by deputation shall not exceed 56 years as on the closing date of receipt of applications.

2. The eligibility conditions are as under:-

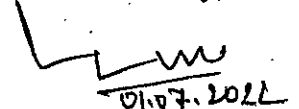
| Sl. No. | Name of the post & scale of Pay | Eligibility Criteria |
|---------|---------------------------------|---|
| (i) | Assistant (Level 06) | Senior Auditor/Sr. Accountant holding the posts on a regular basis. |

3. In this regard, it is requested to kindly recommend the names of eligible officials who are willing and can be spared immediately in the event of their selection for the post of Assistant (Level 06) on deputation basis after following the provisions given in Deputation Policy for non-IA&AS Officers for deputation outside IA&AD 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 22/07/2022:**

- i Application (in duplicate) only in the prescribed proforma (Annexure -I) of willing and eligible officials with certification by employer (Annexure-II). (Copy enclosed)
 - ii Duly Attested copies of each page of APARs for the previous 5 years (2017-18 to 2021-22).
4. Applications received after 22/07/2022 will not be considered under any circumstance.

Encls:-As above.

Yours faithfully,



(R.K. Tiwari)

Sr. Administrative Officer Staff (App)-I

Proforma of Application for the post of _____ (name of the post) to be filled up on Deputation Basis in the Office of the National Commission for Minority Educational Institutions, 1st floor, Jeevan Tara Building, 5, Sansad Marg, New Delhi (a Statutory Body created under an Act of Parliament)

| | | | | | | | | | |
|-----|---|-----------------------------|-------------------|----|--|---------------------|------|-----------|---|
| 1. | Name (in Capital Letters) | | | | | | | | |
| 2. | Correspondence address | | | | | | | | |
| 3. | Date of Birth (in Christian Era) | | | | | | | | |
| 4. | Date of retirement under Central Govt. Rules | | | | | | | | |
| 5. | Educational Qualifications (Starting from highest qualification to lowest. Enclose a separate sheet, duly authenticated by your signature, if the space below is insufficient) | | | | | | | | |
| 6. | Do you hold analogous post on regular basis in the parent cadre or department/Ministry | | | | | | | | |
| 7. | Have you rendered the required number of years of service in the grade rendered after appointment thereto on regular basis in the relevant Pay Band along with Grade Pay or equivalent in the parent cadre or department; | | | | | | | | |
| 8. | Do you possess eligibility conditions as indicated in Column (E) of the vacancy circular for the post for which you are applying (Please answer in "Yes" or "No" as applicable): | | | | | | | | |
| 9. | Details of employment, in chronological order (Starting from entry in Central Government service). Enclose a separate sheet, duly authenticated by your signature, if the space below is insufficient. | | | | | | | | |
| | Office/ Organization | Post held with scale of pay | Period of service | | Nature of appointment (Regular/ Ad-hoc/ Deputation) | Basic Pay (revised) | | | Nature of appointment whether regular/ad-hoc/deputation |
| | | | From | To | | Pay in PB | G.P. | Basic pay | |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 10. | Nature of present employment, i.e ad-hoc or temporary or permanent | | | | | | | | |
| 11. | In case the present employment is held on deputation, please state | | | | | | | | |
| | (a) The date of initial appointment (b) Period of appointment on deputation (c) Name of parent office/Organization to which you belong | | | | | | | | |

12. Are you in revised scale of pay? If yes, give the date from which the revision took place and also indicate the pre-revised scale

| Date | Pay scale (pre-revised) | Basic pay (pre-revised) | Date of revision of pay | Revised scale of pay and Pay Level | Revised basic pay |
|------|-------------------------|-------------------------|-------------------------|------------------------------------|-------------------|
| | | | | | |

| | | |
|----|---|--|
| 13 | Total emoluments drawn per month as on the date of applying against this Vacancy Circular | |
| 14 | Additional information, if any, which you would like to mention in support of your suitability for the post.(Enclose a separate sheet if the space is insufficient) | |
| 15 | Full postal address including PIN Code Number of the Forwarding Authority with name, telephone number and E-mail Address of the Forwarding Authority | |
| 16 | Whether belongs to SC/ST | |
| 17 | Remarks, if any | |

Signature of the Candidate

Name of the Candidate

Complete Office Address

E-mail address of the candidate

Telephone Number / Fax No. of Candidate

Mobile Number of Candidate

Date:

Place:

(Certificate To Be Furnished by the Employer/Head of Office/Forwarding Authority)

Certified that the particulars furnished by Shri/Smt./Ms. _____ are correct and he/she possesses educational qualifications and experience mentioned in the vacancy circular.

2. Also Certified that:-

- i. There is no vigilance or disciplinary case pending or contemplated against Shri/Smt./Ms. _____
- ii. His/Her integrity is certified.
- iii. The Photocopies for the last five years (2017-18 to 2021-22) duly attested by an officer of the rank of Under Secretary to the Govt. of India or above, are enclosed
- iv. * No major/minor penalty has been imposed on him/her during the last ten years.
- v. * A list of major/minor penalties imposed on him/her during the last ten years is enclosed.

(* Strike out which is not applicable).

| | |
|--|--|
| Signature of the Forwarding Authority | |
| Name and Designation | |
| Official Seal | |
| Complete Office Address | |
| E-mail address of the Forwarding Authority | |
| Telephone Number / Fax No. of the Forwarding Authority | |

Date:

Place:

List of enclosures:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.