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भारतीय आयुर्विज्ञान अनुसंधान परिषद
स्वास्थ्य अनुसंधान विभाग, स्वास्थ्य एवं परिवार
कल्याण मंत्रालय, भारत सरकार

Indian Council of Medical Research
Department of Health Research, Ministry of Health
and Family Welfare, Government of India

No.16/9/2023-Admn.

Dated 20.03.2023

To


The Director/Directors-in -Charge of
Permanent Institutes/Centres of ICMR

Subject: - Expression of Interest to invite the Scientists for transfer to Division of RCN, ICMR
Hqrs -

Sir/Madam

Please find enclosed herewith the Expression of Interest inviting interested Scientists of ICMR for transfer to Division of Reproductive and Child Health and Nutrition (RCN), ICMR Hqrs., New Delhi. Interested and eligible ICMR Scientists may submit their request as per EO in the attached format through proper channel to the undersigned latest by 31.03.2023.

Yours faithfully


20/03/2023

Jagdish Rajesh
Assistant Director General (Admn)

Encl: As above

Copy to:-

1. PS to DG/Sr. DDG(A)/Sr. FA
2. All Divisional Heads
3. DDG(A)/ADG(A)
4. Dr. L.K. Sharma, Scientist "E"- copy of the same has been mailed at your email ID (sharma.IK@icmr.gov.in) for website upload.

Scientists interested for transfer to Division of RCN, ICMR Hqrs

Expression of interest is invited from interested ICMR Scientists for transfer to Division of Reproductive and Child Health and Nutrition (RCN), ICMR Hqrs, New Delhi.

Discipline	Level of Scientist required
Reproductive Health	Scientist E or F
Maternal Health	Scientist C or D
Child Health	Scientist C
Nutrition	Scientist C

The responsibilities of the Scientists will be:

- i. To facilitate and coordinate research across the country through the Extramural Research Grant Programme of the Council
- ii. To coordinate for research activities of the Division.
- iii. Any other responsibility as assigned, from time to time.

The last date for submission of expression of interest will be 31st March, 2023 as per the format attachment.

Scientists interested for transfer to Division of RCN, ICMR Hqrs

Expression of Interest Format

1.	Full Name (in Capital) with attribute (Prof. / Dr. / Mr / Ms)	
2.	Present Designation & level	
3.	Date of Birth	
4.	Discipline interested in transfer to (Reproductive Health/Maternal Health/Child Health/Nutrition)	
5.	Present Institute /Centre/Division	
6.	Date of Joining ICMR	
7.	Date of Joining Present post	
8.	Academic background (University Degrees only)	
9.	Experience	
10	A 200 words write up on your interest in this transfer and why you are suitable?	May be enclosed
11	Publications in the area	List of best 5 publications may be enclosed
12	Any other information that you wish to provide:	

Signature of the Applicant:

Date: