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

## FORM OF APPLICATION FOR THE POST OF ACCOUNTS OFFICER & ACCOUNTS OFFICER ( JR. GRADE) on Deputation basis

Part	<u>-I</u>																						
	To be filled by the Applicant (No column should be left blank)																						
1 Name of the Post:																							
	Post	Cod	le (S)	:	A1	A2	АЗ	A4	A5	A6	A7	A8	A9	A10	A11	B1		1					
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2	Full	nam	e of	the ap	ــــــ plica	nt ( i	n blo	ock let	tters)	<u></u>		<u> </u>					1			Affix r	ecent		
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3	Fath	ather's name/Spouse name																					
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5	(a)	Date	e of E	Birth				DD			ММ					YYYY							
	(b)	Age	as o	n last d	late f	or re	eceip	t of a	pplica	ation	1:			DD			]мм					YYYY	
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	( C)	Date	e of F	Retirem	nent			DD			ММ					YYYY							
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6		Date	of jo	ining in																			
		Serv	ice					DD			MM					YYYY							
7	Deta	ails c	of pos	sting in	last	10 v	ears	. start	ting v	vith	prese	ent r	oost	held:	( use	sepai	ate p	age, if	reau	iired)			
	SI		esign																Period Duration				
	"		Coign	acion		Name of Organisation/ Department/Office				Whether post held on regular/adhoc/			Scale of Pay/Pay Band + Grade Pay				From To			,	Duration	'	
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8 Current post held on regular basis																							
	(a) Name of the post  (b) Whether Group A/B Gazetted: Group-A Group-B																						
	(c)	Pav	Leve	l & pre	revi	sed																	١
				y/Pan																			- 1
	(d) Date of appointment on regular basis in Group'A' ( Gazetted)/Group'B' (Gazetted post																						
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9	(a) Educational Qualifications											
	(b) Professional Qualifications, if any											
10	Experience, particularly relating to											
10	Health Sector/Finance/Accounts											
	, ,											
11	Date of return from last ex-cadre post,	DD MM YYYY										
	if any date of completin of cooling off	DD MM YYYY										
	period, if applicable DD MM YYYY											
12	Whether all eligibility conditions are ful	filled : Yes No										
13	(a) Postal address for communictin wit	th Pin Code ( in block letters)										
	Telephone No.	Mobile No.										
	тетернопе но.	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 informatin furnished a	above by me is correct										

Signatutre 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 ) are enclosed along with NRC for the period (if ACR/APAR for period of more than 3 months is not available/recorded then ACRs/APARs prior to 2017-2028 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 Accounts Officer/ACO(Jr G) (on deputation basis)
	(Name, Signature & Telephone No.  Place: of officer with official Stamp)  Date: