## INDIAN COUNCL OF MEDICAL R3ESEARCH

V. Ramalingaswami Bhawan, Ansari Nagar, New Delhi-110029

## FORM OF APPLICATION FOR THE POST OF ASSISTANT DIRECTOR GENERAL (ADMN.)

	<u>-1</u>					
	To be filled by the Applicant (No colum	n should be left blank)				
1	Full name of the applicant ( in block le	tters):				
				Affix recen	t S	
				passport size p	hoto	
2	Father's name/Spouse name					
	Gender : Mal Female					
3	e					
3						
4	(a) Date of Birth DD	ММ	YYYY			
	(b) Age as on last date for receipt of a	pplication: DD	MM	Y	YYY	
	(C) Date of Retirement DD	ММ	YYYY			
	Date of joining in					
5	Service	MM	YYYY			
6 Details of posting in last 10 years, starting with present post held: ( use separate page, if required)						
U	Details of posting in last 10 years, star	ting with present post n	ield: ( use separate pag	e, if required)		
υ	SI Designation Name of Organisation	Mhether post held Sca	ale of Pay/Pay	Period	Duration	
υ		Whether post held Sca on regular/adhoc/ Bar	ale of Pay/Pay nd + Grade From		Duration	
υ	SI Designation Name of Organisation	Whether post held Sca on regular/adhoc/ Bar	ale of Pay/Pay	Period	Duration	
υ	SI Designation Name of Organisation	on regular/adhoc/ Bar officiating/ Pay	ale of Pay/Pay nd + Grade From	Period	Duration	
υ	SI Designation Name of Organisation	on regular/adhoc/ Bar officiating/ Pay	ale of Pay/Pay nd + Grade From	Period	Duration	
υ	SI Designation Name of Organisation	on regular/adhoc/ Bar officiating/ Pay	ale of Pay/Pay nd + Grade From	Period	Duration	
U	SI Designation Name of Organisation	on regular/adhoc/ Bar officiating/ Pay	ale of Pay/Pay nd + Grade From	Period	Duration	
U	SI Designation Name of Organisation	on regular/adhoc/ Bar officiating/ Pay	ale of Pay/Pay nd + Grade From	Period	Duration	
U	SI Designation Name of Organisation	on regular/adhoc/ Bar officiating/ Pay	ale of Pay/Pay nd + Grade From	Period	Duration	
	SI Designation Name of Organisation Department/Office	on regular/adhoc/ Bar officiating/ Pay	ale of Pay/Pay nd + Grade From	Period	Duration	
7	SI Designation Name of Organisation Department/Office  Current post held on regular basis	on regular/adhoc/ Bar officiating/ Pay	ale of Pay/Pay nd + Grade From	Period	Duration	
	SI Designation Name of Organisation Department/Office  Current post held on regular basis  (a) Name of the post	Mhether post held on regular/adhoc/ officiating/ deputation basis	ale of Pay/Pay nd + Grade y + Pay Level	Period	Duration	
	SI Designation Name of Organisation Department/Office  Current post held on regular basis	Mhether post held on regular/adhoc/ officiating/ deputation basis	ale of Pay/Pay nd + Grade From	Period	Duration	
	SI Designation Name of Organisation Department/Office  Current post held on regular basis  (a) Name of the post	My Whether post held on regular/adhoc/ officiating/ deputation basis  Group-A Group-A Group-A	ale of Pay/Pay nd + Grade y + Pay Level	Period	Duration	
	Current post held on regular basis (a) Name of the post (b) Whether Group A/B Gazetted:	My Whether post held on regular/adhoc/ officiating/ deputation basis  Group-A Group'A' ( Gazette	oup-B Gazetted p	Period To	Duration	
	Current post held on regular basis (a) Name of the post (b) Whether Group A/B Gazetted: (c ) Scale of Pay/Pay Band + Grade Pay	My Whether post held on regular/adhoc/ officiating/ deputation basis  Group-A Group-A	oup-B Gazetted p	Period To	Duration	

8	Present Basic Pay + Grade Pay	Basic Pay Grade Pay			
9	(a) Educational Qualifications				
	(b) Professional Qualifications, if any				
	-				
10	Formulation of the Control of the Co				
10	Experience, particularly relating to Health Sector/Finance/Accounts				
11	Date of return from last ex-cadre post,	DD MM YYYY			
	if any date of completin of cooling off				
	period, if applicable	DDMMYYYY			
12	Whether all eligibility conditions are fulf	illed : Yes NO			
13 (a) Postal address for communictin with Pin Code (in block letters)					
	Telephone No.	Mobile No.			
	10				
	Fax Number:				
	E-mail ID				
	(b) Postal address of Parent Departmer ( in block letters)	nt with PIN Code and Telephone/Fax Number/E-mail ID			
	2				
	Certified that the informatin furnished a	bove by me is correct			

## Part-II

(To be filled by the Cadre Controlling Authority of the applicant)

1,,,	1 Certified that the particulars given above by the applicant are correct as per the records available the Department/Office of					
2	It is also certified that Shri/Ms  Vigilance Angle and no disciplinary proceedings are pending or contemplated against h	_is clear from m/her				
3	It is also certified that integrity of Shri/Ms	is				
4	The attested copies of the Annual Confidential Reports ( ACRs/Annual Performance Reports ( APARs for the last 5 years, i.e. 2014 -2015, 2015 -2016, 2016-2017 and 2018-2019 and are enclosed along with NRC for the period (if ACR/APAR for period of more than 3 n	Appraisal and 2017-2018 nonths is not				
	available/recorded then ACRs/APARs prior to 2011-2012 for the matching period needed o be forwarded along with No Report Certificate (NRC)					
5	It is hereby certified further that this Department/Office shall have no objection to the officer in case Shri/Ms is selected for the post o Director General (Admn.)	-				
	Place: of officer with officers.	·				