Ref. Adv. No.ICMRHQ/Admn.I/01/2019 Indian Council of Medical Research V. Ramalingaswamy Bhawan, Ansari Nagar, New Delhi

VACANCY CIRCULAR

Indian Council of Medical Research (ICMR), an autonomous organization under the Department of Health Research, Ministry of Health & Family Welfare, Government of India invites applications for filling-up one post of <u>Sr. Accounts Officer</u> in Level-11 (Rs.67,700-2,08,700) of the pay matrix on deputation basis, initially for a period of one year at its HQ's Office, New Delhi.

2. Eligibility Criteria & Experience:

Holding analogous post or Accounts Officer in Central/State Govt./Autonomous Organization/PSU with five years service in Level-9 (Rs.53,100-1,67,800)/Level-10 (Rs.56,100-1,77,500).

- (a) Two years working experience in Budget/Finance/Accounts.
- 3. <u>How to apply:</u> Willing and eligible officers may submit their application in the prescribed form (available at ICMR website-http://www.icmr.nic.in) along with detailed CV (giving the details of past assignments and the work handled by the officer) through proper channel, so as to reach the Assistant Director General (Administration), Indian Council of Medical Research, V. Ramalingaswamy Bhawan, Ansari Nagar, Post Box-4911, New Delhi-110029 on or before 16.8.2019.
- **4.** While forwarding the applications, the Controlling Authority should also send the following documents:
 - (a) Vigilance Clearance Certificate
 - (b) Attested copy of APARs for the last 5 years i.e. 2013-14, 2014-15, 2015-16, 2016-17, 2017-18.
- **5.** The application received after the last date or incomplete or those not received through proper channel will not be considered.
- **6.** The short listed candidates shall be called for Personal Discussion on given date and time at ICMR Hqrs. Office, New Delhi. No TA/DA shall be paid for appearing in Personal Discussion.
- 7. Applicant will not be permitted to withdraw his/her name after selection.

8. The selected candidates will be appointed on deputation basis for a period of one year, which may be curtailed or extended further in the interest of administrative exigencies with the approval of the Competent Authority. The pay and other terms & conditions of deputation will be governed as per the instructions of the Department of Personnel & Training (DOP&T) issued from time-to-time in this regard.

(Agnes Xalxo)

Assistant Director General(Admn.)

Tel No.-011-26589365

INDIAN COUNCL OF MEDICAL R3ESEARCH V. Ramalingaswami Bhawan, Ansari Nagar, New Delhi-110029

FORM OF APPLICATION FOR THE POST OF SR.ACCOUNTS OFFICER

rt		City of A	P / N	1	111	1.6.11						
	To be filled by the Applicant (No column should be left blank)											
	F	ull name of the ap	oplicant (in	block lette	rs); T			T T	1 1			
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	(b)	Age as on last da	te for receip	ot of applica	ation:			DD		мм 🔲		YYYY
	(C)	Date of Retireme	ent	DD		ММ		П	7			
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	(A)	Date of joining in S	ervice	DD		ММ			YYYY			
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)	Deta	ails of posting in la	ast 10 years	, starting w	vith p	resent pos	t held: (u	se separa	ite page	e, if required	4)	
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	(p. 174)		_			regular/adl	hoc/	Band + Gr				1
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	Curr (a)	ent post held on r Name of the pos	Department/C	Office		regular/adl officiating/ deputation	hoc/	Band + Gr Pay				1
	Curr	ent post held on r	Department/C	Office	Grou	regular/adl officiating/ deputation	hoc/	Band + Gr				1
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٥	8 Present Basic Pay + Grade Pay Basic Pay	Grade Pay
9	9 (a) Educational Qualifications	
	(b) Professional Qualifications, if any	
	(w) Trotessional Qualifications, if any	
10	10 Experience, particularly relating to	
	Health Sector/Finance/Accounts	
11	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	DD MM YYYY
	if any date of completin of cooling off period, if applicable	
	period, ii applicable	DD MM YYYY
12	12 Whether all eligibility conditions are fulfilled:	Yes NO
13	13 (a) Postal address for communication with Pin Code (n block letters)
	4.0	*
	Tolophone No.	
	Telephone No.	Mobile No.
	Fax Number:	
	E-mail ID	
	(b) Doctol address of Docest Docest and 111 Dial Co. I	
	(b) Postal address of Parent Department with PIN Code (in block letters)	and Telephone/Fax Number/E-mail ID
	¥	
	Certified that the informatin furnished above by me is co	rrect
		Signatutre of the applicant with date
_		organization the applicant with date
<u>Par</u>	Part-II (To be filled by the Cadre Controlling Authority of the	o applicant)
		8
	the Denartment/Office of	
	the Department/Office of	
2		is clear from
	Vigilance Angle and no disciplinary proceedings ar	e pending or contemplated against him/her.

3	It is also certified that integrity of Shri/Ms is is	۸
4	The attested copies of the Annual Confidential Reports (ACRs/Annual Performance Appraisal Reports for the last 5 years, i.e. 2013-2014, 2014-2015, 2015-2016, 2016-2017 & 2017-2018 are enclosed along with Neperiod(if ACR/APAR for period of more than 3 months is not available/recorded then ACRs/APARs prior to 2013-2014 for the matching period needed to be forwarded along Report Certificate (NRC)	
5	It is hereby certified further that this Department/Office shall have no objection to the relieving of said officer Shri/Ms is selected for the post of Sr. Accounts Officer	in case
	Place: of officer with of	