

8 Present Basic Pay + Grade Pay Basic Pay Grade Pay

9 (a) Educational Qualifications

(b) Professional Qualifications, if any

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 DD MM YYYY

12 Whether all eligibility conditions are fulfilled : Yes NO

13 (a) Postal address for communictin with Pin Code (in block letters)

Telephone No. Mobile No.

Fax Number:

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 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. 2013-2014, 2014-2015, 2015-2016, 2016-2017 and 2017-2018 and 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 2011-2012 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 Senior Financial Advisor in ICMR.

Place:

Date:

(Name, Signature & Telephone No.
of officer with official Stamp)