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>-l</u>	he filled by the Ar	oplicant (No column sł	ould be left blank	d			
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Ful	Full name of the applicant (in block letters):						
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Fat	ther's name/Spou	se name					
_	7						
Ger	nder: Mal	Female					
	е						
(a)	Date of Birth	DD	ММ	YYYY			
(b)	Age as on last d	ate for receipt of appli	cation:	DD M	м		YYYY
					t	'	
(C)) Date of Retirem	ent DD	MM	YYYY			
	D 4 - 61 1-1 - 1-						
	Date of joining in						
	Date of joining in Service	DD	мм	YYYY			
Det	Service	last 10 years, starting		1	rate page, if ı	required)	
Det	Service tails of posting in Designation	last 10 years, starting	with present po	st held: (use sepa	rate page, if I		Duration
	Service tails of posting in Designation	last 10 years, starting	with present post held on regular/adhoc/	st held: (use sepa Scale of Pay/Pay Band + Grade			Duration
_	Service tails of posting in Designation	last 10 years, starting	with present po	st held: (use sepa	Perio	od	Duration
	Service tails of posting in Designation	last 10 years, starting	with present post held on regular/adhoc/officiating/	st held: (use sepa Scale of Pay/Pay Band + Grade	Perio	od	Duration
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SI	Service tails of posting in Designation	last 10 years, starting Name of Organisation/ Department/Office regular basis	with present post held on regular/adhoc/officiating/	st held: (use sepa Scale of Pay/Pay Band + Grade	Perio	od	Duration
SI	Service tails of posting in Designation rrent post held on	last 10 years, starting Name of Organisation/ Department/Office regular basis	with present post held on regular/adhoc/officiating/	st held: (use sepa Scale of Pay/Pay Band + Grade	Perio	od	Duration
Cur	Service tails of posting in Designation rrent post held on Name of the pos	last 10 years, starting Name of Organisation/ Department/Office regular basis	with present post held on regular/adhoc/officiating/	st held: (use sepa Scale of Pay/Pay Band + Grade	Perio	od	Duration
Cur (a) (b)	Trent post held on Name of the post Whether Group	last 10 years, starting Name of Organisation/ Department/Office regular basis st A/B Gazetted: Gro	with present post held on regular/adhoc/officiating/deputation basis	St held: (use sepa Scale of Pay/Pay Band + Grade Pay + Pay Level	Perio	od	Duration
Cur (a) (b)	Trent post held on Name of the post Whether Group	last 10 years, starting Name of Organisation/ Department/Office regular basis	with present post held on regular/adhoc/officiating/deputation basis	St held: (use sepa Scale of Pay/Pay Band + Grade Pay + Pay Level	Perio	od	Duration
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8	Present Basic Pay + Grade Pay Basic Pay Grade Pay
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
	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
Š.	(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

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 availabe 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/Msisis					
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 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 relieving of said officer in case Shri/Ms					
	Place: of officer with official Stamp) Date:					