

**Form of Application**  
**For the post of Sr.FA, ICMR**

**Part I:** (To be filled by the Applicant):  
(No column should be left blank)

Recent  
passport size  
photo should  
be pasted  
here

1	Name of the applicant (in block letters):						
2	Post Applied for	Sr. Financial Advisor					
3.	(a). Date of Birth -						
	(b) Age as on last date for receipt of application	____years__ months __days					
	(c) Date of Retirement						
4.	(a) Name of the Service						
	(b) Date of Joining Service						
5.	Details of posting in last 10 years, starting with present post held:						
	Sl.	Designation	Dept./Office/Org	Whether post held on regular/adhoc/officiating/deputation basis	Scale of pay/Pay Band +Grade pay/Level of Pay Matrix	Period	
						From	To
6.	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 or Level of Pay Matrix						
	(D) Date of appointment on regular basis in Group 'A' (Gazetted )/ Group 'B' (Gazetted) post						
7.	Present Basic Pay						
8.	(a) Educational Qualifications						
	(b) Professional Qualifications, if any						
9.	Experience, particularly relating to Health Sector/Finance/Accounts.						
10	Date of return from last ex-cadre post, if any						
	Date of completion of cooling -off period, if applicable						
11	Whether belongs to SC/ST/OBC/PH						
12	Whether all eligibility conditions are fulfilled						

13	a) Postal address for communication with PIN code and Fax Number (in block letters)  Telephone No 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 information furnished above by me is correct.

Signature of the Applicant with date

**Part –II:**

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

OFFICE OF \_\_\_\_\_

Certified that the particulars given above by the applicant are correct as per 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 are enclosed along with NRC for the period(s) \_\_\_\_\_ [if ACR/APAR for a period more than 3 months is not recorded then ACRs/APARs prior to 2013-2014 for the matching period need 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 Sr. FA in ICMR.

*(Name, Signature & Telephone No. of Officer with Official Stamp)*

Place: \_\_\_\_\_

Date: \_\_\_\_\_