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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 Sr. Accounts Officer 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. How to apply: 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.


02/7/19

(Agnes Xalxo)
Assistant Director General(Admn.)
Tel No.-011-26589365

FORM OF APPLICATION FOR THE POST OF SR.ACCOUNTS OFFICER

Part-I

To be filled by the Applicant (No column should be left blank)

Full name of the applicant (in block letters):

Grid for entering full name of the applicant

Father's name/Spouse name

Grid for entering father's name/spouse name

Gender :

Male

Female

(a) Date of Birth

Grid for date of birth (DD MM YYYY)

(b) Age as on last date for receipt of application:

Grid for age (DD MM YYYY)

(c) Date of Retirement

Grid for date of retirement (DD MM YYYY)

(A) Date of joining in Service

Grid for date of joining in service (DD MM YYYY)

Details of posting in last 10 years, starting with present post held: (use separate page, if required)

Table with 7 columns: SI, Designation, Name of Organisation/Department/Office, Whether post held on regular/adhoc/officiating/deputation basis, Scale of Pay/Pay Band + Grade Pay, Period (From, To), Duration

Current post held on regular basis

(a) Name of the post

Text box for name of the post

(b) Whether Group A/B Gazetted:

Group-A

Group-B

(c) Scale of Pay/Pay Band + Grade Pay

Text box for scale of pay

(d) Date of appointment on regular basis in Group'A' (Gazetted)/Group'B' (Gazetted post

Grid for date of appointment (DD MM YYYY)

4

2

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, if any date of completin of cooling off period, if applicable DD MM YYYY
 DD MM YYYY

12 Whether all eligibility conditions are fulfilled : Yes NO

13 (a) Postal address for communication 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 & 2017-2018 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 2013-2014 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 Sr. Accounts Officer.

Place:

Date:

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