INDIAN COUNCL OF MEDICAL RESEARCH

V. Ramalingaswami Bhawan, Ansari Nagar, New Delhi-110029

FORM OF APPLICATION FOR THE POST OF ASSISTANT DIRECTOR GENERAL (Admin.) ON DEPUTATION BASIS Vacancy Circular 01/2024

<u>Par</u>	<u>'t-l</u>																			
	To be	filled by	the Ap	plicant	(No c	colum	n sho	uld be	e left	blank)										
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2	Full na	me of t	he app	licant (in blo	ock le	tters):	:												
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3	(a)	Date of	DII (III				DD			MM]	1				
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7	Detail	s of post	ting in	last 10	years	, star	ting w	vith p	resen	ıt post	held:	(use	separ	ate p	age, i	f requ	ired)			
						of Organization/ tment/Office			Whether post held on Regular/Ad-hoc/Contract Officiating/					Scale of Pay/Pay Band			Period			Duration
		'			Department, office			+ Gr					+ Grade Pay +		F	From		То		
									Depu	utation l	basis		Pay	Level						
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	(a)	Name o	or the p	OOST																

	(b)	Whether Group A Gazetted/ Non Gazetted:	Gazetted		Non- Gazetted		
	(c)	Pay Level & pre revised Grade pay/Pay Band					
	(d)	Date of appointment on regular	basis in Group'A	d' (Gazetted/	Non-Gazetted)	YYYY	
9	(a)	Educational Qualifications					7
	(b)	Professional Qualifications, if an	У				_
10		ience, particularly relating to h Sector/Administration /Finance					
11	1 Date of return from last ex-cadre post, if any date of completion of cooling off period, if applicable DD MM YYYY						
12	Whet	her all eligibility conditions are fu			Yes	No	
13	(a)	Postal address for communicating	ng with Pin Code	(in block let	ters)		
	Telep	hone No.		Mobile No.			
	E-mai	IID					

ostal address of Parent Department with PIN Code and Teleph n block letters)	one/Fax Number/E-mail ID
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ertified that the information furnished above by me is correct.	•
ertified that the information furnished above by me is correct.	•
ertified that the information furnished above by me is correct	
ertified that the information furnished above by me is correct.	•
ertified that the information furnished above by me is correct	Signature of the applicant with date

PART-II

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

1	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 is
4	The attested copies of the Annual Confidential Reports (ACRs/Annual Performance Appraisal Reports (APARs for the last 5 years, i.e. 2018-2019, 2019-2020, 2020-2021,2021-2022 and 2022-23) (if ACR/APAR for period of more than 3 months is not available/recorded then ACRs/APARs prior to 2018-2019 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
	(Name, Signature & Telephone No. Place: of officer with official Stamp)