

INDIAN COUNCIL OF MEDICAL RESEARCH
V. Ramalingaswami Bhawan, Ansari Nagar, New Delhi-110029

**FORM OF APPLICATION FOR THE POST OF ADMIN. OFFICER/SECTION OFFICER/ACCOUNTS OFFICER &
ACCOUNTS OFFICER (JR. GRADE)**

Part-I

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

1 Name of the Post:

2 Full name of the applicant (in block letters):

3 Father's name/Spouse name

Affix recent
passport size photo

Gender :

Male <input type="checkbox"/>	Female <input type="checkbox"/>
----------------------------------	------------------------------------

4

5 (a) Date of Birth DD MM YYYY

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

(c) Date of Retirement DD MM YYYY

6 Date of joining in Service DD MM YYYY

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

Sl	Designation	Name of Organisation/ Department/Office	Whether post held on regular/adhoc/ officiating/ deputation basis	Scale of Pay/Pay Band + Grade Pay + Pay Level	Period		Duration
					From	To	

8 Current post held on regular basis

(a) Name of the post

(b) Whether Group A/B Gazetted: Group-A Group-B

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

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

9 Present Basic Pay + Grade Pay ² Basic Pay Grade Pay

10 (a) Educational Qualifications

(b) Professional Qualifications, if any

11 Experience, particularly relating to Health Sector/Finance/Accounts

12 Date of return from last ex-cadre post, DD MM YYYY
if any date of completion of cooling off period, if applicable DD MM YYYY

13 Whether all eligibility conditions are fulfilled :

 Yes NO

14 (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 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 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. 2015 -2016, 2016-2017,2017-2018 , 2018-2019 and 2019-2020) 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 2019-2020 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 Assistant Director General (Admn.)

Place:

Date:

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