

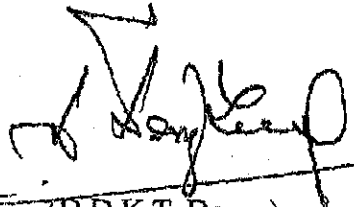
No.A-35018/10/circular/2015/MF.CGA (A)/Gr.'B'/1115  
GOVERNMENT OF INDIA  
MINISTRY OF FINANCE  
DEPARTMENT OF EXPENDITURE  
OFFICE OF THE CONTROLLER GENERAL OF ACCOUNTS  
LOK NAYAK BHAWAN  
NEW DELHI

Dated, the 17<sup>th</sup> Februray, 2016

**Sub:-Filling up of the post of Sr.Accounts Officer in PB-3 (Rs.15600-39100) with grade Pay Rs.6600 on deputation basis in Indian Council of Medical Research (ICMR).**

In continuation this office Circular of even No 1045 dated 08.02.2016 on the above subject, I am enclosing herewith the form of Application for the post of Sr.Accounts Officer in Indian Council of Medical Research (ICMR). The application of willing and eligible AO/Sr.AO may be forwarded to this office latest by 23.02.2016 in prescribed form.

Encl: As above.



(D.D.K.T. Dason)

Asstt. Controller General of Accounts (Gr 'B')

To,  
The Sr.AO (ITD)-for website

**INDIAN COUNCIL OF MEDICAL RESEARCH**

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

**FORM OF APPLICATION FOR THE POST OF SENIOR ACCOUNTS OFFICER**

**Part-I**

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

Affix recent  
passport size  
photograph

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


2 Father's name/Spouse name


3 Gender: Male  Female

4 (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

5 (a) Name of the Service

(b) Date of joining in Service  DD  MM   YYYY

6 Details of post held in the Grade Pay Rs.5400:

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

7 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  DD  MM   YYYY

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 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

Signature of the applicant with date

**Part-II**

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

Office of \_\_\_\_\_

- 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. 2010-2011,2011-2012,2012-2013,2013-2014 and 2014-2015 are enclosed along with NRC for the period \_\_\_\_\_ ( if ACE/APAR for period of more than 3 months is not available/ recorded then ACRs/APARs prior to 2010-2011 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 Senior Accounts Officer in ICMR.

Place:

Date:

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