**Form of Application**

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

Recent passport size photo should be pasted here

**Part I :**  (To be filled by the Applicant):

(No column should be left blank)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 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  (c) Date of Retirement | | | | | | | \_\_\_\_years\_\_\_ months \_\_days | | |
| 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 |
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| 6. | Current post held on regular basis | | | | |  | | | | |
|  | 1. Name of the post | | | | |  | | | | |
| 1. Whether Group ‘A/B’ Gazetted | | | | |  | | | | |
| 1. Scale of Pay/ Pay Band + Grade pay or Level of Pay Matrix | | | | |  | | | | |
| 1. 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 | 1. Postal address for communication with PIN code and Fax Number (in block letters)   Telephone No  Mobile No.  E-mail ID | | | | |  | | | | |
| 1. 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: \_\_\_\_\_\_\_\_\_\_\_\_