F.No. 1(1-AFACO-DEPUTATION)/2019-20/Adm.I

To
Headquarters/All the Directors/All the Project Directors of ICAR Institutes/
All the NRCs/All the Project Directorates/All the Directors of ATARIs.

Sub: Filling up of one post of Assistant Finance & Accounts Officer on deputation/transfer/permanent absorption.

Sir/Madam,

It is proposed to fill up one post of Assistant Finance & Accounts Officer on deputation/transfer/permanent absorption in the Pay Level-7 (Pre-revised scale Pay Band-2 Rs.9,300-34,800/- +G.P. of Rs.4,600/-) at this Institute from amongst eligible candidates working at ICAR Headquarters and it’s all ICAR-Institutes/NRC/Project Directorates/ATARIs. The terms for filling up the post and eligibility criteria are as detailed below as per the Council’s revised recruitment rules for the post of AF&AO vide Letter No. Admn/14(2)/2015-Esttl.I, dated 17.08.2016:

<table>
<thead>
<tr>
<th>Name of the Post</th>
<th>No. of Posts</th>
<th>Pay Band + GP</th>
<th>Eligibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assistant Finance &amp; Accounts Officer</td>
<td>01(One)</td>
<td>Pay Level-7 (Pre-revised scale Pay Band-2 Rs.9,300-34,800/- +G.P. of Rs.4,600/-)</td>
<td>Persons holding analogous post i.e. AF&amp;AO on substantive basis in the Level-7 in any ICAR Unit. Or Junior Accounts Officer in Level-6 of ICAR Hqrs/Institutes having at least 3 years regular service in the grade as on 1st January, 2019.</td>
</tr>
</tbody>
</table>

It is requested to all the ICAR Units (including ICAR Head Quarters/ICAR Research Institutes/Project Directorates/ICAR-KVKS) to forward application of the eligible and willing candidate(s) who are free from vigilance/disciplinary cases (in the prescribed proforma along with the last five years APARs) and who may relieve immediately in the event of his/her selection. The last date for receipt of application with all enclosures on or before 30 days from the date of issue of this letter.

(V. BHAGYALAKSHMI)
SR.ADMINISTRATIVE OFFICER i/c

Copy for kind information to:
1. The Deputy Secretary (Adm.), Indian Council of Agricultural Research, Krishi Bhavan, New Delhi-110 001 for circulation amongst the eligible persons working at the Council’s Head Quarters.
2. The Director (Finance), ICAR, New Delhi
3. The Under Secretary (Crop Science), ICAR, New Delhi.
4. Copy to Sr. Finance Accounts Officer / Notice Board.
5. Copy to Offer-in-charge, A.K.M. Unit, ICAR-CTRI, Rajahmundry with a request to upload the same in ICAR-CTRI web-site.
APPLICATION PROforma

1. Name of the Candidate
2. Name of the Institute where candidate is working
3. Date of Birth
4. Date of initial joining in ICAR
5. Date of appointment on regular basis in the present post
6. Whether Permanent/Temporary
7. Present Basic Pay with Level of Pay
8. Whether belongs to SC/ST/OBC/Ex-SM/PH
9. Details of Service including present post

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Name of the Institute</th>
<th>Post Held</th>
<th>Level (as per 7th CPC)</th>
<th>Period</th>
<th>Nature of Duties</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<td></td>
<td>From</td>
<td>To</td>
</tr>
</tbody>
</table>

10. Computer information, if any
11. Other information, if any

DECLARATION

I, ........................................................................................., hereby declare that all the statements made above are complete and correct to the best of my knowledge and belief. In the event of any information found false or incorrect at any time before or after the selection, action may be taken against me and I shall abide by the decision of the Director, ICAR-CIFRI, Barrackpore, Kolkata.

Date: ...........................................................................
Signature of the Candidate

Certificate to be furnished by the Head of Department/Office

Certified that the information furnished by the candidate has been verified from the office/service records and found correct.

It is further certified that no disciplinary action is pending or being contemplated against the employee.

Date: ...........................................................
Counter signature of the Head of the Office/Controlling Officer

Place: ........................................................................