

## भाकृअनुप–राष्ट्रीय पशुरोग जानपदिक एवं सूचना विज्ञान संस्थान ICAR–National Institute of Veterinary Epidemiology and Disease Informatics

भारतीयकृषिअनुसन्धान परिषद्, रामगोंडनहल्ली, येलहंका, बेंगलुरू – 560064 ICAR Campus, Ramagondanahalli, Post Box No: 6450, Yelahanka, Bengaluru - 560064 Ph: +91 80 23093110 Fax: +91 80 23093222, Email: director.nivedi@icar.gov.in



Dated: 26.11.2022

F. No.12-29/Rectt./AAO/NIVEDI/2022

Tο

All the Directors/Project Directors of ICAR Research Institute/NRCs/ATARI's

Sub: Filling up of one post of Assistant Administrative Officer on Deputation at ICAR-NIVEDI, Bengaluru, Karnataka – reg.

Sir/Madam,

It is proposed to fill up the following vacant post under Administrative Category on Deputation basis from eligible candidates working in ICAR Headquarters/ICAR Institutes. The particulars of post/eligibility etc. are detailed below:

| SI.<br>No. | Particulars of Post &<br>Place of Posting                       | No of<br>Vacancy &<br>Category | Scale of pay   | Eligibility   |
|------------|---|--------------------------------|--|---|
| 1          | Asst. Administrative<br>Officer<br>at ICAR-NIVEDI,<br>Bengaluru | 01 (UR)                        | 7 <sup>th</sup> CPC Pay<br>Level -7 (Pre-<br>revised Rs<br>9300-<br>34800+GP Rs<br>4600/-) | By deputation of Assistant of ICAR HQ/ICAR institutes having at least 5 years' regular service in the grade. The deputation shall be for a period of two years initially which may be extended as per rule. |

It is requested that the above vacancy may kindly be circulated widely and the application of suitable and desirous candidates who fulfill the requisite qualification etc., may kindly be forwarded in the enclosed proforma along with his/her up to date attested Annual Performance Appraisal Report (APAR) dossiers for the last five years (2017-2018 to 2021-2022) and a certificate to the effect that no disciplinary /vigilance case is pending or being contemplated against the candidate so as to reach the unsigned on or before **19-12-2022**.

Application of only such candidate, who can be relived immediately in the event of his/her selection for the appointment may please be forwarded. Incomplete application and those not forwarded through proper channel or without CR Dossiers and certificate as desired above will not be entertained.

Yours faithfully

Administrative Officer

Encl: Application Proforma

Copy forwarded for kind information to:-

- 1 The Joint Secretary (Admn.) Indian Council of Agricultural Research Krishi Bhavan, NewDellhi-1.
- 2 The Deputy Secretary (AS) Indian Council of Agricultural Research Krishi Bhavan, NewDellhi-1.
- 3 The Officer-in-Charge, Computer section, ICAR-NIVEDI with request to upload in NIVEDI website
- 4 Dr. Awadhesh Prajapathi, ACTO with a request for publishing in e-office Notice Board of ICAR.
- 5 PA to the Director, ICAR-NIVEDI Bengaluru for information of the Director.

## APPLICATION FOR THE POST OF ASSISTANT ADMINISTRATIVE OFFICER ON DEPUTATION / TRANSFER BASIS AT ICAR-NIVEDI, BENGALURU, KARNATAKA

| 1          | Name of the candidate (in block letters)                |           |                              |                      |                  |   |                      |
|------------|---|-----------|------------------------------|----------------------|------------------|---|----------------------|
| 2          | Name of ICA<br>candidate is                             |           |                              |                      |                  |   |                      |
| 3          | Date of Birth and present age                           |           |                              |                      |                  |   |                      |
| 4          | Present post with date of                               |           |                              |                      |                  | , |                      |
| 5          | Sex: Male/Fe  |           |                              |                      |                  |   |                      |
| 6          | Marital statu   | IS        |                              |                      |                  |   |                      |
| 7          | Category - S<br>of certificate                          |           |                              | PH(Scan copy<br>hed) |                  |   |                      |
| 8          | Father/Husb   | and       | Name                         |                      |                  |   |                      |
| 9          | Address for   | Corr      | espond                       | ence                 |                  |   |                      |
| 10         | Phone No  |           |                              |                      |                  |   |                      |
| 11         | E-mail Address  |           |                              |                      |                  |   |                      |
| 12         | Educational and other Qualification                     |           |                              |                      |                  |   |                      |
| SI.<br>No. | Exam Passed   |           | Board                        | I/University         | Year             |   | Division/Percent age |
|            |   |           |                              |                      |                  |   |                      |
|            |   |           |                              |                      |                  |   |                      |
| 13         | Brief description of the service including present post |           |                              |                      |                  |   |                      |
|            | Post held   | Sca<br>pa | ale of<br>y                  | Period               | Nature of duties |   |                      |
|            |   |           |                              |                      |                  |   |                      |
|            |   |           |                              |                      |                  |   |                      |
| 14         | Date of consubstantivel                                 |           | ation/p                      | ost held             |                  |   |                      |
| 15         | Any other in  |           | 'particulars<br>he employees |                      |                  |   |                      |

| DECLARATION                        |   |  |  |  |  |  |
|------------------------------------|---|--|--|--|--|--|
| I                                  | hereby declare that I have carefully read   |  |  |  |  |  |
| and understood the instruction     | and particulars on this application and that all  |  |  |  |  |  |
| entries in this form are true to   | the best of my knowledge and belief.  |  |  |  |  |  |
|                                    |   |  |  |  |  |  |
| Date:                              | Signature of the candidate  |  |  |  |  |  |
|                                    |   |  |  |  |  |  |
|                                    |   |  |  |  |  |  |
|                                    |   |  |  |  |  |  |
| CERTIFICATE TO B                   | E FURNISHED BY THE HEAD OF OFFICE   |  |  |  |  |  |
| records of the applicant and found | ars furnished above have been verified from the Service d correct. Attested copies of APAR's of the candidate for the so certified that no vigilance / disciplinary action has been gainst him/her. |  |  |  |  |  |
|                                    |   |  |  |  |  |  |
| Date:                              |   |  |  |  |  |  |
| Place:                             | Signature with stamp of the Head of Office  |  |  |  |  |  |

