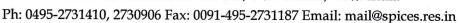
भाकृअनुप - भारतीय मसाला फसल अनुसंधान संस्थान

ICAR - INDIAN INSTITUTE OF SPICES RESEARCH



(भारतीय कृषि अनुसंधान परिषद Indian Council of Agricultural Research)

Post Bag No: 1701, मेरिकुन्नु पोस्ट Marikunnu Post, कोषिक्कोड Kozhikode -673 012, केरल Kerala, भारत India





F.No.1/33/2022-Estt.

Dated: 15-03-2022

To

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

Sub: Filling up the following Administrative post on Deputation/Transfer basis at ICAR-IISR, Kozhikode, Kerala.

Sir/Madam,

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

| Sl. | Particulars of Post & | No of | Scale of pay | Eligibility | | | |
|-----|---|-----------|------------------|--------------------------------------|--|--|--|
| No. | Place of Posting | Vacancy | | | | | |
| | 200 | &Category | . , ⁴ | | | | |
| 1 | Asst. Administrative | 01(UR) | Pay Level -7 | * . | | | |
| | Officer | | Pre-revised | By deputation of Assistant of ICAR | | | |
| | At Regional station, | - 1 | Rs 9300- | HQ/ICAR institutes having at least 5 | | | |
| | Appangala, Karnataka | | 34800+GP | years regular service in the grade. | | | |
| | 1 1 | | Rs 4600/- | OR | | | |
| | 6 n 2 | | | By transfer of Persons holding | | | |
| 1.5 | р и по на | | 2 9 | analogues post at ICAR Institutes. | | | |

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 CR Dossiers for the last five years (2016-2017 to 2020-2021)or as applicable for the candidate so as to reach the unsigned on or before **15-04-2022**. Application of only such candidate may please be forwarded who can be relived immediately in the event of his/her selection for the appointment. A certificate to the effect that no disciplinary/vigilance case is pending or being contemplated against the candidate may also be sent. Incomplete application and those not forwarded through proper channel or without CR Dossiers and certificate as desired above will not be entertained.

Yours faithfully

Senior Administrative Officer

Encl: Application Proforma

Copy forwarded for kind information to:

- 1 The Under Secretary (Admn). Indian Council of Agricultural Research Krishi Bhavan, New Dellhi-110 001.
- 2 The Deputy Secretary (Hort) Indian Council of Agricultural Research, Krishi Anusadhan Bhawan II, Pusa New Delhi-110 012.
- 3 The Project Director, DKMA,KRISHI Anusandhan Bhavan-11, Pusa, New Delhi-110 012 for uploading on ICAR website/e office Notice Board.

APPLICATION PROFORMA

| APPLICATION FOR APPLYING TO THE POST O | F |
|--|---|
|--|---|

BY DEPUTATION/TRANSFER basis at ICAR-Indian Institute of Spices Research, KOZHIKODE, Keralā

| 1 | Name of the | candid | ate (in b | lock letters) | | 10 | ** |
|-------|--|------------|-----------|---------------------|--------------------|----|---------------------------------------|
| 2 | Name of ICAF working at pr | | ute whe | re the candidate is | | | |
| 3 | Date of Birth and present age | | | | | 2 | 2 |
| 4 | Present post appointment | held o | n regular | basis with date of | | 8 | |
| 5 | Sex: Male/Fer | male | | 8 | | | |
| 6 | Marital status | 5 | | | | | |
| 7 | Category SC/ST/OBC/PI attached) | H(Scar | copy of | certificate to be | | | |
| 8 | Father/Husba | nd Na | me | | | | |
| 9 | Address for C | orresp | ondence | 9 | | | , |
| | | | | | 4. | | |
| | g _ sd | | | | * . | | |
| 10 | Phone No | | | | | 77 | |
| 11 | E-mail Address | | | | | | |
| 12 | Educational and other Qualification | | | | | · | |
| Sl.No | Exam Passed | | Board/ | University | Year Division/Perc | | Division/Percentage |
| | - | - | | | | | 28 ^{10 2} |
| N. 15 | | | | | | | \$ |
| 13 | Brief description of the service including present post | | | | | | |
| | Post held | Sca pay | le of | Period | Nature of duties | | |
| = | | | | | | | · · · · · · · · · · · · · · · · · · · |
| (a) | 31 50 | | 2 | | 4 | _ | * |
| 14 | Date of confirmation/post held substantively | | | | | | |
| 15 | Any other information/particulars relevant to service of the employees | | | | | | |

DECLARATION

| I | hereby declare that I have carefully read and understood the instruction and | | | | | |
|---|--|-------------------------|---|------|--|--|
| particulars on this application | and that all entries in t | his form are true to th | ne best of my knowledge | and | | |
| belief. | | | | | | |
| | | | * | | | |
| Date: | | | Signature of the candid | date | | |
| | CERTIFICATE BY TH | E HEAD OF OFFICE | | | | |
| Certified that the pa found Correct. Attested copies | | | from the Service Book date APAR's enclosed. | and | | |
| Date: | | | | | | |
| Place: | | | | | | |
| | | Signature wit | h stamp of the Head of Of | fice | | |