



भाकृअनुप-राष्ट्रीय पशुरोग जानपदिक एवं सूचना विज्ञान संस्थान
ICAR-National Institute of Veterinary Epidemiology and Disease Informatics
भारतीयकृषिअनुसन्धानपरिषद्, रामगोडनहल्ली, येलाहंका, बेंगलुरु - 560064
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F. No.12-29/Rectt./AAO/NIVEDI/2022

Dated: 10.05.2022

To

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

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

Sir/Madam,

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

SI. No.	Particulars of Post & Place of Posting	No of Vacancy & Category	Scale of pay	Eligibility
1	Asst. Administrative Officer at ICAR-NIVEDI, Bengaluru	01 (UR)	7 th CPC Pay Level -7 (Pre-revised Rs 9300-34800+GP Rs 4600/-)	By deputation of Assistant of ICAR HQ/ICAR institutes having at least 5 years' regular service in the grade. OR By transfer of Persons holding 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 attested Annual Performance Appraisal Report (APAR) dossiers for the last five years (2016-2017 to 2020-2021) 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 **31-05-2022**.

Application of only such candidate may please be forwarded who can be relieved immediately in the event of his/her selection for the appointment. 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


Administrative Officer

Encl: Application Proforma

Copy forwarded for kind information to:-

- 1 The Under Secretary (Admn.) Indian Council of Agricultural Research Krishi Bhavan, NewDelhi-1.
- 2 The Deputy Secretary (AS) Indian Council of Agricultural Research Krishi Bhavan, NewDelhi-1.
- 3 The Officer-in-Charge, Computer section, ICAR-NIVEDI with request to upload in NIVEDI website
- 4 Dr. Awadhesh Prajapathi with a request for uploading in e-office Notice Board.
- 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 ICAR institute where the candidate is working at present			
3	Date of Birth and present age			
4	Present post held on regular basis with date of appointment			
5	Sex: Male/Female			
6	Marital status			
7	Category - SC/ST/OBC/PH(Scan copy of certificate to be attached)			
8	Father/Husband Name			
9	Address for Correspondence			
10	Phone No			
11	E-mail Address			
12	Educational and other Qualification			
Sl. No.	Exam Passed	Board/University	Year	Division/Percentage
13	Brief description of the service including present post			
	Post held	Scale of pay	Period	Nature of duties
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 this form are true to the best of my knowledge and belief.

Date:

Signature of the candidate

CERTIFICATE TO BE FURNISHED BY THE HEAD OF OFFICE

Certified that the particulars furnished above have been verified from the Service records of the applicant and found correct. Attested copies of last five years for the candidate APAR's enclosed. It is also certified that no vigilance / disciplinary action has been initiated or being contemplated against him/her.

Date:

Place:

Signature with stamp of the Head of Office