

**ICAR-CENTRAL INSTITUTE FOR RESEARCH ON GOATS
MAKHDOOM, P.O.FARAH-281 122, MATHURA U.P.
Phone: 0565-2763380 (Director), 0565-2763327 (Sr. Admn. Officer)
Fax No.0565-2763246**

F.No:1-6(65)/E.I/2012

Dated: 28th April 2016

**FILLING UP OF ONE POST OF THE MEDICAL OFFICER ON
DEPUTATION BASIS**

Application are invited from eligible candidates working in the Central Govvt/State Govt/ autonomous bodies/PSUs for one post of the Medical Officer having qualification M.B.B.S/B.A.M.S/B.H.M.S. on deputation basis in the PB-3 Rs.15600-39100 + GP Rs.5400/- plus allowances as applicable to the Central Government employees. The appointment will be initially for aperiod of one year in the first instance, however, extendable up to a maximum period of three years on satisfactory performance as per the terms and conditions of the ICAR/Govt.of India applicable on deputation. Dully filled in complete applications with bio-data, photocopies of APAR for last three years must reach on or before 2nd June 2016 through proper channel. Kindly visit the website of the Institute www.cirg.res.in for more details.

Sr.Admn.Officer

**ICAR-CENTRAL INSTITUTE FOR RESEARCH ON GOATS
MAKHDOOM, P.O. FARAH, MATHURA – 281122, UP**

Please affix your latest passport
size self attested photograph

Application Form
(To be filled in by the candidate)

Name of the applicant	
Post applied for	
Advertisement No.	

(Signature of the candidate)

For Official Use Only

Date of receipt of the application

Checked by	Dealing Assistant	A.A.O/SAO

Remarks, if any

**ICAR-CENTRAL INSTITUTE FOR RESEARCH ON GOATS
MAKHDOOM, P.O. FARAH, MATHURA – 281122, UP
PART-A (TO BE FILLED IN DUPLICATE)**

1	Name of the Candidate (in Block Letters) Surname-First name-Middle name.		
2	Gender (M for Male, F for Female)		
3	Date of birth (Day-Month-Year)		
4	Age as on closing date for receipt of applications in India (Years/Months/Days)		
5	Father's Name		
6	Designation of the candidate		
7	Name of the Parent Office/ Institution/ Organization		
8	Actual place of posting		
9(a)	Full postal address for correspondence with pin code		
9(b)	Permanent address		
9(c)	Contact details	Mobile No.	
		Tel. No.	
		Fax No.	
		E-mail IDs	
10	Do you belong to ICAR? If so, state the designation and place of posting.		
11	Are you a citizen of India by birth/domicile?		
12	Category (SC/ST/OBC/General)		

13	Have you ever been convicted by a court of law for any offence? If so, give details thereof.	
14	Have you ever been punished or debarred from service of Govt. or other organizations/ICAR etc.? If so, details thereof.	
15	Whether any disciplinary/criminal case is pending against you? Has any major/minor penalty been imposed on you? If so, give details.	
Signature of the candidate		
Date and Place		

PART-B

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Please affix your latest
passport size self
attested photograph

Name		Date of Birth (Date/Month/Year)				Designation	
Age as on closing date in India [Year(s)/Month(s)/Day(s)]				Present Pay Scale/ Pay Band			
				Grade Pay/			
				Basic Pay			
Post applied for				Discipline/Area of the applicant			
Advt. No.				Item No.			

1. Academic Qualifications

1A.i. Academic Performance

Level	Year of passing	Institute/ University	Subject(s) with major field	Class/ Division/ Grade/ Marks/ Percentage	For office use only
10+2					
Graduation					
Masters					
Ph.D.					
Other Qualifications (Relevant to the post applied for)					

Signature of the Candidate

**ICAR-CENTRAL INSTITUTE FOR RESEARCH ON GOATS
MAKHDOOM, P.O. FARAH, MATHURA – 281122, UP**

Certificate of Verification by the Employer

1. The entries made in the application of Dr./Sh./Smt./Km.
for the post ofhave been verified
and are correct.
2. There is no vigilance/disciplinary/criminal case pending against him/her.
3. Details of the Minor/Major penalties imposed during the last ten years, if any.
4. Certified that the work and conduct of Dr./Shri/Smt./Km.
..... is above average for the last five years.

The gist of AAR/ACR gradings/ratings for the preceding five years is as follows:-

Year →					
Grading/Rating by Reporting Officer →					
Grading/Rating by Reviewing Officer →					

5. For the year ending (31. 12.), Dr has submitted Annual
Immovable Property Return (AIPR) on Copy of his/her AIPR for the year ending
..... is enclosed.

Office File/Ref No.

.....

Signature

Name

Designation with
office seal

Office Seal

Date

