

## भा.कृ.अ.परिषद—भारतीय कृषि अनुसंधान संस्थान पूसा, नई दिल्ली— 110012 कार्मिक—5 अनुभाग

(e-mail id : aao\_p5@iari.res.in)



दिनांक: 05/07/2021

मि.स. 25-10/2020.Cat.II/P.V/3 86

To,

All the Directors/Project Directors of ICAR Research Institutes/Project Directorates/National Research Centres /Bureaux/ATARIs

Subject: Filling up posts of Technical Assistant (T-3)/Category-II under various Functional Group on inter-institutional transfer basis at ICAR-Indian Agricultural Research Institute, New Delhi-reg.

Sir/Madam,

It is proposed to fill up the following vacant posts of Technical Assistant (T-3) on Inter-Institutional transfer basis at IARI, New Delhi. The details of posts are as follows:-

S	Name of Office	No. of Posts	Name of Post	Functional Group	Details of posts
1	ICAR-IARI, New Delhi	01	Draftsman(T-3)	Workshop Technician	UR-01
2	ICAR-IARI, New Delhi	01	Laboratory Technician (T-3)	Laboratory Technician	UR-01
3	ICAR-IARI, New Delhi	15	Technical Assistant (T-3)	Field/Farm Technician	UR-06, OBC-04, SC-03, ST-02

The candidates must possess essential qualification as per TSR & be initially appointed in Category-II in respective Functional Group. They may send their applications through proper channel in the enclosed proforma (as Annexure-I) to the undersigned.

Other Terms & Conditions for inter-institutional transfer shall be governed as laid down in the ICAR's letter No. F.No.TS-19(01)/2002-Estt.IV dated 19.03.2020 and F.No.TS-19(6)/2020-Estt.IV dated 19.03.2021.

It is requested that the above said vacancies may be circulated widely and the application of desirous candidates having completed requisite service on the **crucial date** i.e. 05.07.2021 of eligibility and who can be relieved immediately on the event of their selection may be forwarded.

The following papers/document(s) may also please be sent along with the application:-

- i. Attested copies of the APAR dossiers for the last two/three/five years
- ii. Vigilance Clearance & Integrity Certificate.
- iii. A statement of major/ minor penalty, if any, imposed on the applicant during the last two/three/ five years.

The last date of receipt of application is 05/08/2021. Applications received after the last date or otherwise incomplete are not likely to be considered. The Selection Committee/the Director, IARI, however, will reserve the right to accept/reject the applications without assigning reason thereof.

Yours faithfully,

Asst. Administrative Officer (P.V)

## Encl.:-Annexure-I

## Copy to:-

- 1. The Project Director, DKMA, KAB-I, PUSA, New Delhi-110 012 with the request to upload on ICAR's website and e-office notice board.
- 2. In-charge, AKMU, IARI, New Delhi with the request to upload on IARI's website
- 3. The Under Secretary (TS)/(CS), ICAR, Krishi Bhawan, New Delhi-110 001
- 4. PS to the Director/JD(R)/JD(A)/CAO for information, please
- 5. Guard file

## APPLICATION PROFORMA FOR THE POST OF TECHNICAL ASSISTANT(T-3)/CATEGORY-II ON INTER-INSTITUTIONAL TRANSFER BASIS

1	NY	
1.	Name of the applicant &	
	(FMS No.)	
	Father's/Husband's name	
2.	Gender: Male/Female	
3.	Date of Birth & Age	
4.	Name of the ICAR Institute where	
	applicant is working at present	
5.	Name of the post, category & functional	
	group to which initially appointed with date	
	Present post held on regular basis with date	,
	of assessment promotion	
	•	
6.	Date of confirmation/post held	
	substantively	
	•	
7.	Nature of duties performed (in brief)	
		•
		¥
8.	Educational Qualification	Graduation Degree & Subject(s) Studied –
	(Subjects studied at graduation level	= -B =B =
	should be clearly mentioned)	
	•	
	w	Post Graduation-
		4
		Others, if any-
		, - 3
		· ·
9.	Whether belongs to UR/SC/ST/OBC/	
	Physically handicapped & selected under	4
	which category (UR/SC/ST/OBC/PH)	
	<i>5</i> • • • • • • • • • • • • • • • • • • •	4

10	Email address (preferably ICAR email ID	
	i.e. @icar.gov.in) and Mobile No:	
	e .	
11	Reason for transfer:	
	(Pl. specify-Max 100 words and attach	,
	necessary documents, if any)	
	a.Spouse ground (whether employed in	i .
	ICAR/ State Government/Central Govt./	
	Autonomous Body/ PSUs, Certificate as	· · · · · · · · · · · · · · · · · · ·
	per ICAR letter No. F.No.TS-19(01)/2002-	
	Estt.IV dated 19.03.2020 and F.No.TS-	
	19(6)/2020-Estt.IV dated 19.03.2021 may	
	be enclosed)	
		, 8 · .
	b.Medical ground (self or any family	
	members: Family as defined under CGHS/	
	CS(MA) Rules(Certificate as per ICAR	
	letter No. F.No.TS-19(01)/2002-Estt.IV	
	dated 19.03.2020 and F.No.TS-19(6)/2020	
	Estt.IV dated 19.03.2021 may be enclosed)	
	c. Length of Services in difficult area	
	(Certificate as per ICAR letter No. F.No.TS	
	19(01)/2002-Estt.IVdated 19.03.2020 and	
	F.No.TS-19(6)/2020Estt.IVdated-19.03.21	
	may be enclosed)	
	may be enclosed;	
	d.Other, if any (Give details)	ė e

I do hereby declare that the particulars furnished by me are correct to the best of knowledge & belief.

Date:	(Signature of the applicant)

It is certified that particulars furnished above have been verified from the Service Book/record and found correct and the following papers/document(s) are being supplied:-

- i. Attested copies of the APAR dossiers for the last two/three/five years
- ii. Vigilance Clearance & Integrity Certificate.
- iii. A statement of major/ minor penalty, if any, imposed on the applicant during the last two/three/five years.

Signature of the Head of Office (With Stamp)