# INDIAN COUNCIL OF FORESTRY RESEARCH AND EDUATION, P.O. NEW FOREST, DEHRADUN (UTTARAKHAND)

#### ADVERTISEMENT NO.32-31/2016/Sr.M.O./M.O./ICFRE

The ICFRE is a society registered under the Societies Registration Act of 1860, with its registered office at New Forest Campus, Dehradun. It is proposed to prepare a panel of Doctors for appointment on deputation to the following posts:

Sl.No.	Name of Post	Name of Institute	No. of post	Pay Scale
1.	Sr. Medical Officer	New Forest Hospital, F.R.L.,Dehra Dun	01	PB-3: Rs.15,600-39,100/- + GP Rs.6,600/-
2.	Medical Officer	New Forest Hospital, F.R.L.Dehra Dun	04	PB-3: Rs.15,600-39,100/- + GP Rs.5,400/-
3.	Medical Officer	TFRI, Jabalpur	01	PB-3: Rs.15,600-39,100/- + GP Rs.5,400/-

Doctors who are already working in the Grade pay of Rs.5,400/- and above may also apply for consideration to the above posts. On their appointment the pay will be protected as per Govt. of India rules.

Applications are accordingly invited for these posts for consideration.

The eligibility conditions of the posts are indicated below:-

## (A) Eligibility and Education Qualification:-

- i) Possessing the MBBS Degree.
- ii) Doctors of the CGHS/State Govt./Semi Govt. or Autonomous organization holding the post of Medical Officer on regular basis.

## (B) Terms and Conditions:-

- i) The terms of appointment will normally be for a period of three years which can be extended by the Competent Authority for another two years.
- During the period of deputation, the appointee will be allowed to draw pay in terms of the Ministry of Finance O.M. No.10(24)E.III/60, dated 04.05.1961 as amended from time to time. As regards other conditions, the appointee will be governed by the rules and regulations applicable to officers of the office of his parent department.

## (C) General Instructions:-

i) Application should be accompanied by bio-data, copies of certificates of educational qualifications, experience, claim for SC/ST. The original certificates should not be attached with the application. Incomplete applications shall be summarily rejected.

The applications should be sent neatly typed out in A-4 size paper accompanied by Crossed Demand Draft of Rs.200/-(Rupees Two hundred) only drawn in favour of the **Drawing & Disbursing Officer, ICFRE, Dehradun**. Fee is non-refundable. No fee is required to be paid by SC/ST candidates.

The applications along with Demand Draft, if applicable, should reach to the Secretary, Indian Council of Forestry Research and Education, P.O. New Forest, Dehradun by 31.01.2017 positively. The closing date of receipt of application from officers residing in Andaman & Nicobar Islands, and Lakshdweep will be 15.02.2017. The application should be sent in a cover super scribed with Advertisement Number and name of post.

iv) Applications should be submitted through proper channel. Applicants may, if they so wish send advance copy with the application complete in all respect including demand draft before the due date. The concerned department/organization while forwarding the application should enclose vigilance clearance report and ACRs of the Doctor for the

last five years from 2011-12 to 2015-2016.

v) It may please be noted that if at any stage, it is discovered that an attempt has been made by the applicant to willfully conceal or misrepresent the facts, his/her candidature shall be summarily rejected or his/her appointment terminated.

vi) The Council reserves the right either to reduce the number of vacancies or not to fill up the vacancies advertised, if the circumstances so warrant in the interest of the Council.

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	(To be attached with the application)
applicatio	on are true and correct. I also fully understand that if at any stage it is discovered that appear in this open made by me to willfully conceal or misrepresent facts, my candidature immarily rejected or employment terminated.
	ace: (Signature of the candidate) ate:
	ANNEXURE-III
(Certific	ate to be furnished by the Employer/Head of Office/Forwarding Authority)
(i) (ii) (iii)	The particulars furnished by Shri/Smt./Km/Dr
Place: Date:	Signature of Head of Department/ Forwarding authority  Name:

\*Please strike off whichever is not applicable

Office.....

#### PROFORMA FOR APPLICATION

	Name (in blo	ck letters)					
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	First Name	:					duly Sign
	Middle Nam	e :					by the
	Post applied	for and Pay S	cale :				candidat
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	Date of Birth	(in Christian e	era) :-				
	Nationality	:					
	Father's/Hus	band's Name	:				
	Address for a	correspondenc	e :		i e		
	(in block lett	ers with Pin C	ode)				
	Whether SC/	ST :					
	Qualification	s with Special	lization				
	Name of Deg	gree/Diploma		Subje	ect/Specializa	ition	Year
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	Posting Deta	ils:					
]	Designation   Post Name		Distric	et	Hospital	Date o	of Date o
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