

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

ADVERTISEMENT NO.32-31/2017/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.I., Dehra Dun	01	Pay Matrix Level 11 (pre-revised PB-3: Rs.15,600-39,100/- + GP Rs.6,600/-)
2.	Medical Officer	New Forest Hospital, F.R.I., Dehra Dun	04	Pay Matrix Level 10 (pre-revised PB-3: Rs.15,600-39,100/- + GP Rs.5,400/-)
3.	Medical Officer	TFRI, Jabalpur	01	

Doctors who are already working in the Pay Matrix Level 10 (pre-revised 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.
- ii) 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.
- ii) 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 **Accounts Officer, ICFRE, Dehradun**. Fee is non-refundable. No fee is required to be paid by SC/ST candidates.

- iii) 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 31.10.2017 positively.** The closing date of receipt of application from officers residing in Andaman & Nicobar Islands, and Lakshadweep will be 15.11.2017. The application should be sent in a cover super scribed with Advertisement Number and name of post.
- iv) The application should be sent in a cover super scribed with Advertisement Number and name of post.
- v) 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 2012-13 to 2016-2017.
- vi) 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.
- vii) 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.

PROFORMA FOR APPLICATION

ANNEXURE-I

- 1. Name (in block letters)
Last Name: :
First Name :
Middle Name :
2. Post applied for and Pay Scale :
3. Post presently held with pay
scale and present basic pay :
4. Date of Birth(in Christian era) :
5. Nationality :
6. Father's/Husband's Name :
7. Address for correspondence :
(in block letters with Pin Code)
8. Whether SC/ST :
9. Qualifications with Specialization

Space for
photograph
duly Signed
by the
candidate

Name of Degree/Diploma	Subject/Specialization	Year

- 10. Posting Details:

Designation	Post Name	District (State)	Hospital Name	Date of posting	Date of Relieving

- 11. Date of retirement under the rules of the Central/State Government/Organization:
- 12. Any other information:
- 13. Bank Draft No. with date and amount:

Place:

Date:

(Signature of the candidate)

ANNEXURE-II

(To be attached with the application)

I..... affirm that information given in this application are true and correct. I also fully understand that if at any stage it is discovered that any attempt has been made by me to willfully conceal or misrepresent facts, my candidature may be summarily rejected or employment terminated.

Place:

(Signature of the candidate)

Date:

ANNEXURE-III

(Certificate to be furnished by the Employer/Head of Office/Forwarding Authority)

Certified that:

- (i) The particulars furnished by Shri/Smt./Km/Dr.....are correct.
- (ii) There is no vigilance/disciplinary case, either pending or contemplated, against him/her.
- (iii) *The up-to-date Annual Confidential Report dossier in respect of Shri/Smt./Km.....is enclosed herewith. *There is no practice of maintaining Confidential Report of employees in this Organization/Institution.

Place:

Signature of Head of Department/
Forwarding authority

Date:

Name:.....
Department.....
Office.....

*Please strike off whichever is not applicable