ICMR-National Institute of Cholera & Enteric Diseases Kolkata

VACANCY NOTICE

Applications are invited up to **30th April**, **2018** for the post of Accounts Officer (One Post) in Level – 10 (Rs.56,100 – 1,77,500) of 7th CPC Pay Matrix (equivalent to GP – Rs.5,400 of 6th CPC) at the National Institute of Cholera & Enteric Diseases, Kolkata, under Indian Council of Medical Research (ICMR), Department of Health Research, Ministry of Health & Family Welfare, Government of India.

1. Eligibility Criteria:

a. Essential

- i. The candidate possessing 3 years Bachelor Degree in any discipline from recognized University.
- ii. Three years working experience in Finance/Accounts as Section Officer/Assistant or equivalent in Central/State Government/Autonomous Organization etc.

b. Desirable

- i. Training in Cash & Accounts from ISTM or other recognized Institute.
- ii. Knowledge of Computer (Accounts Software).

2. Age Limit

Not exceeding 35 years as on last date of receipt of application. Age relaxation in case of SC/ST/OBC/PWD and Government servant shall be allowed as per DOP&T guidelines issued from time to time in this regard.

3. Job Requirement

The duties of Accounts Officer include pre-checking of bills, preparation of budget, compilation of accounts (including preparation of balance sheet), audit, scrutiny of financial proposal relating purchase of stores, equipments, capital expenditure, tendering of financial advice to the Head of the Institute etc.

4. Application procedure

- Application form may be downloaded from website www.niced.org.in.
- Application form (hard copy) duly completed in all respects along with a cross demand draft of Rs.500/- (Rupees Five Hundred only) drawn in favour of the Director, NICED, Kolkata payable at Kolkata and self-attested copies of certificates in support of date of birth, educational qualification, experience, caste verification etc. may be sent to the Director, National Institute of Cholera and

Enteric Diseases, P-33, C.I.T Road, Scheme XM, Beliaghata, Kolkata 700 010, through Regd./Speed Post on or before **30**th **April, 2018.**

• Application sent by other mode i.e. Fax/E-mail will not be accepted. SC/ST/PH and women candidates are exempted from payment of fee of Rs.500/-. ICMR employees are not exempted from the payment of fee. Candidate working the Central/State Govt./Public Sector Undertakings/Govt. Funded Organizations etc. should submit their applications THROUGH PROPER CHANNEL.

5. Selection Procedure

Selection will be based on either Written Test or Personal Interview or both as per Indian Council of Medical Research (ICMR) norms depending upon number of eligible candidates.

6. Incomplete or application received late shall be rejected without any notice and no further communication shall be entertained in this behalf.

Director

Application Form (downloadable in Word Format)

ICMR-National Institute of Cholera and Enteric Diseases P-33, CIT Road, Scheme-XM, Beliaghata, Kolkata – 700 010

| 1. | Application for the post of | | | | | Affix Passport Size photograph with | | |
|----|----------------------------------|--------------|---|--|---|-------------------------------------|--|--|
| 2. | Name of the Ca | lock letter) | | | signature in such a way that portion of signature remains or the application form | | | |
| | | Middle | | | | | | |
| 3. | Father's Name (in Block letters) | | | | | | | |
| | | Middle | | | | | | |
| 4. | Date of Birth | | | | | | | |
| | DD MM YYYY | | | | | | | |
| 5. | Gender | | | | | | | |
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| 6. | Permanent Add | ress | | | | | | |
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| 7. | Phone No. | | : | | | | | |
| 8. | E-mail ID | | : | | | | | |

9. Academic/Technical Professional Qualification (beginning with Matriculation) (Attach self-attested copies of all certificates)

| Sl. No | Name of the Examination Passed | Year of passing | Board/University | Subject | Division/Class/Grade |
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| 10. Det | ails of service and po | st held: | | | | | | |
|---|---|----------|----------------------------|--|--|--|--|--|
| a) | Name of Post | ••• | | | | | | |
| b) Present Pay/Pay Scale | | | | | | | | |
| c) | Name of Organization | on | | | | | | |
| d) | Date of initial appoir in Govt./PSU/Autono body | | | | | | | |
| e) | Experience | | | | | | | |
| 11. Details of Application fee: | | | | | | | | |
| 12. Declaration: I hereby undertake that the information provided by me are correct to the best of my knowledge. | | | | | | | | |
| | | | | | | | | |
| Place: | | | Signature of the candidate | | | | | |
| Date : | | | | | | | | |
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