

आई. सी. एम. आर. – राष्ट्रीय कॉलरा और आंत्र रोग संस्थान ICMR - NATIONAL INSTITUTE OF CHOLERA AND ENTERIC DISEASES स्वास्थ्य अनुसंधान विभाग, स्वास्थ्य और परिवार कल्याण मंत्रालय, भारत सरकार

Department of Health Research, Ministry of Health and Family Welfare, Govt. of India

No.E-8/Recruitment/2020-21

22 February, 2021

## ENGAGEMENT OF CONSULTANT (ADMINISTRATION)

Applications in the prescribed format, attached herewith, are invited from Officers of Central Government/Central Autonomous Bodies retired from the post of Administrative Officer or equivalent (in Level-10 of Pay Matrix) and above for engagement of one Consultant (Administration) on purely temporary and contractual basis at ICMR-NICED, Kolkata. The eligibility criteria for selection for the above position are as detailed below:

- 1. Age: Below 65 years as on the date of walk-in-interview
- 2. Essential Qualification: Graduate in any discipline
- 3. **Experience & knowledge:** At least three years working experience in Administration with adequate knowledge of central government rules (FRSR, GFRs, Procurement rules etc.) and knowledge in computer
- 4. **Remuneration:** Rs.60,000/- p.m. or as fixed by the Director, ICMR-NICED on subsequent assessment of his/her performance

The eligible and willing candidates may submit their applications along-with the self-attested copies of all their testimonials latest by 7<sup>th</sup> March 2021. Subsequently, the date of interview will be communicated to the shortlisted candidates for selection.

Administrative Officer, ICMR-NICED

## ICMR-NATIONAL INSTITUTE OF CHOLERA & ENTERIC DISEASES P-33, C.I.T. ROAD, SCHEME – XM, BELIAGHATA, KOLKATA – 700010

APPLICATION FOR ENGAGEMENT AS CONSULTANT (ADMINISTRATION)	РНОТО
1. Name	

1.	Name
2.	Date of retirement
3.	Post/Designation held at the time of retirement
4.	Name of the Organization from where retired.
5.	Gross Salary at the time of retirement.
6.	Present Pension drawn.
7.	Postal Address
8.	Mobile Number
9.	E-mail ID
10.	Qualification
11.	Experience (if necessary, details may be furnished in another sheet)

## **DECLARATION**

I HEREBY DECLARE THAT THE STATEMEBNT FILLED IN MY APPLICATION IS TRUE AND CORRECT AND NOTHING HAS BEEN CONCEALED. I AM WILLING TO TAKE UO THE ASSIFNMENT WITHIN IMMEKDIATELY AFTER GIVEN THE OFFER OF APPOINMENT.

Date:	SIGNATURE