Central Armed Police Forces Institute of Medical Sciences (CAPFIMS) Maidangarhi, New Delhi

Adv. No.F.- CAPFIMS-08/2024

VACANCY NOTICE

Applications are invited in the prescribed proforma for filling up the following posts at CAPFIMS, Maidangarhi, New Delhi **ON DEPUTATION BASIS:**-

| CAPFIMS, Maidangarni, New Delni ON DEPUTATION BASIS:- | | | | | | | |
|--|---|--------------------|--|--|--|--|--|
| Name of the Post, Pay Band & Grade Pay and Essential Eligibility Criteria | Upper Age limit | Number of Posts | | | | | |
| Senior Administrative Officer :- Level-11 in Pay Matrix (Pre-revised PB -3 of Rs. 15600-39100 + Grade Pay of Rs. 6600/-) | 56 Years | 01 (on | | | | | |
| Essential Eligibility Criteria :- | | deputation | | | | | |
| (i) Officers under the Central /State Government/U.T Administration of Central Statutory / Autonomous bodies holding analogous posts on regular basis or with at least 5/8 years of service in the posts in the pay scale of Level-10 in the Pay Matrix / Level-6 in the Pay Matrix (Pre Revised Rs. 2200-4000/2000-3500) respectively or equivalent and having a degree and experience in administration and establishment matters and also preferably in accounts matters. (ii) Officers with MBA or PG diploma in Personnel Management shall be given preferences. | | basis) | | | | | |
| (Period of Deputation shall not exceed 03 years). | 56 | 02 | | | | | |
| Administrative Officer: Level-10 in Pay Matrix (Pre-revised PB -3 of Rs. 15600-39100 + Grade Pay of Rs. 5400/-) | 56 | 03 | | | | | |
| 13. 13000-37100 + Glade 1 ay 01 13. 34001-) | years | (on | | | | | |
| Essential Eligibility Criteria :- | | deputation | | | | | |
| (i) Officers under the Central Govt., U.T. Administrations of Central Statutory/ Autonomous Bodies holding analogous posts <u>or</u> with at least 3 years of service in posts in the Pay Scale of Level-7 in the Pay Matrix (Pre Revised PB-2 Rs. 9300-34800 + Rs. 4600 Grade Pay) or equivalent respectively and having a Degree and experience in administration and establishment matters and also preferably in Accounts matters. Officers possessing MBA or PG Diploma in Personnel Management shall be given preference. | | basis) | | | | | |
| (Period of Deputation shall not exceed 03 years). | (Period of Deputation shall not exceed 03 years). | | | | | | |
| Accounts Officer: Level-10 in Pay Matrix (Pre-revised PB -3 of Rs. 15600-39100 + Grade Pay of Rs. 5400/-) | 56 years | 03 (on | | | | | |
| Essential Eligibility Criteria :- | | deputation | | | | | |
| (i) Officers under the Central Government or Central Statutory / Autonomous bodies holding analogous posts on regular basis and handling Accounts and Finance matters or holding posts of Accounts / Audit Officer or equivalent in the Level-07 in Pay Matrix (pre-revised of Rs. 2375-3500) / Level-10 in Pay Matrix (pre-revised of Rs.2200-4000). | | basis) | | | | | |
| (ii) Assistant Accounts Officers in the Level-06 in Pay Matrix (pre-revised of Rs.2000-3200) with 07 years of regular service in the grade (including the service in the grade of Junior Accounts Officer / SAS Accountants /Accountant in the Level-06 in Pay Matrix (pre-revised of Rs. 1640-2900)) | | | | | | | |
| (Period of Deputation shall not exceed 03 years). | | | | | | | |
| Store Officer: Level-10 in Pay Matrix (Pre-revised PB -3 of Rs. 15600-39100 + Grade Pay of Rs. 5400/-) | 56 years | 04 (on | | | | | |
| Essential Eligibility Criteria :- | | deputation | | | | | |
| Officers of Central/State/U.T Govts. Failing which Officers of Central Statutory/Autonomous Bodies holding analogous posts on regular basis or with 5 years of regular service in Level-6 in the Pay Matrix and possessing the following: | | basis) | | | | | |

- (ii) Posts Graduate Degree/Diploma in Materials Management of a recognised University/Institution or equivalent; and
- (iii) Not less than 5 years' experience in a supervisory capacity in handling stores, preferably medical.

(Period of Deputation shall not exceed 03 years).

*The number of posts are tentative and may change based on the Institute's requirements.

The Officers who fulfill the above qualifications/ eligibility may submit their application in the prescribed proforma at Annexure-I through proper channel to the Director, All India Institute of Medical Sciences, Ansari Nagar, New Delhi-110029, so as to reach the addressee within 30 days from the date of publication. The envelope containing the application(s) should be superscribed "Application for the Post of ______ on Deputation Basis at CAPFIMS. Application not routed through proper channel of the parent employer will not be considered.

While forwarding their applications, it may be ensured that the particulars of the candidates are verified and that they fulfill the eligibility conditions. Duly attested photocopies of their up to date APAR (at least for the latest 05 years) may also be enclosed with the applications. It may also be clearly stated that no vigilance/disciplinary proceedings is pending or contemplated against the candidates concerned. Applications without vigilance clearance and APAR Dossiers will not be considered.

The deputation will be governed by the standard terms and conditions of deputation provided under Department of Personnel & Training's O.M.No.6/8/2009-Estt.(Pay II) dated 17.06.2010, as amended from time to time.

Sd/-CHIEF CAPFIMS

Annexure-I

| | pplication for the post of | | | | (on deputation basis) at CAPFIMS, | | |
|---|---|---------------------------------------|------|--------------------------|-----------------------------------|---------------------------------|--|
| 1 | Name and address in BLO | CK letter | | | | | |
| | | | | | | Please Affix here | |
| | | | | | | recent passport size photograph | |
| | | | | | | photograph | |
| | | | | | | | |
| | | | | | | | |
| 2 | Father's Name | | | | | | |
| 3 | Date of birth (in Christian era) | | | | | | |
| 4 | Date of retirement under Central / State | | | | | | |
| • | Government Rules | ontiul / State | | | | | |
| 5 | Educational Qualification | i) | | | | | |
| | | ii) | | | | | |
| | | , | | | | | |
| | | iii) | | | | | |
| | | iv) | | | | | |
| | | | | | | | |
| 6 | Whether educational and o | | | | | | |
| | has been treated as equivalent to the one prescribed in the rules, state the authority for the same). Qualifications / Experience with Designation | | | | | office for the same. | |
| | Essential Essential | | | Possessed by the Officer | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | Desirable:- | | | | | | |
| 7 | Please state clearly whether | | | | | | |
| 8 | by you above, you meet the | | | | a samarata shaat duly | authorizated by your | |
| 0 | Details of employments (in chronological order) enclose a separate sheet, duly authenticated by your signature if the space below is insufficient. | | | | | | |
| | Office/Instt./Organization | Post | Held | | Level of Pay | | |
| | | Designation | From | То | Matrix (Scale of Pay if in pre- | | |
| | | | | | revised Pay-band | | |
| | | | | | and Grade Pay) | | |
| | | | | | | | |
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| 9 | Nature of present employment | | |
|----------------|----------------------------------|----------------------------|----------------------------|
| | or quasi-permanent or permane | | |
| 10 | In case the present employment | nt is held on deputation / | |
| | contract basis, Please state: | | |
| | (a) The date of initial appoin | | |
| | (b) Period of appointment or | | |
| | (c) Name of the parent office | | |
| | you belong | | |
| 11 | Additional details about pres | sent employment please | |
| | state whether working under: | | |
| | (a) Central Government | | |
| | (b) State Government | | |
| | (c) Autonomous Organization | | |
| | (d) Government undertaking | | |
| | (e) University | | |
| 12 | Are you in revised scale of pa | | |
| | from which the revision took | place and also indicate | |
| | the pre-revised scale. | | |
| 13 | Total emoluments per month n | | |
| 14 | Additional information, if any | | |
| | mention in support of your | | |
| | Enclose a separate sheet, if the | | |
| 15 | Whether belongs to SC/ST/OB | 3C | |
| | (if yes, please specify) | | |
| 16 | Contact Nos. | 1) Office | |
| | | 2) Residence | |
| | | 3) Mobile | |
| | | 4) E-mail address | |
| 17 | If selected, specify the minimu | m required joining time | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | Signature of the Candidate |
| Date: | | Address | |
| | | | |
| | | | |
| Countersigned: | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | [Employer / Authorized | | |