

ICAR - INDIAN INSTITUTE OF SPICES RESEARCH (भारतीय कृषि अनुसंधान परिषद Indian Council of Agricultural Research) पीसंख्याः Post Bag No: 1701, मेरिकुन्नु पोस्ट Marikunnu Post, कोषिक्कोड Kozhikode -673 012, केरल Kerala, भारत India

Ph: 2731410, 2730906 Fax: 0091-495-2731187 Email: mail@spices.res.in

F.No.1-29/2020-Estt.

Dated: 13-07-2021

То

All Directors/Project Directors of ICAR Research Institutes/NRCs/ATARIs/the Bureaus/ICAR H. Q

Sub: Filling up of the Technical posts on Inter Institutional Transfer basis at ICAR-Indian Institute of Spices Research, Kozhikode(Kerala)-reg.

Sir,

The Director, ICAR-Indian Institute of Spices Research, Kozhikode invites applications from amongst the eligible candidates working at ICAR Institutes/Headquarters/Project Directorate/NRCs etc. for the following vacant Technical posts of this Institute on Inter Institutional Transfer basis. The particulars of the posts and eligibility criteria etc. are detailed below:

SI.	Name of the Post	Number	Pay Level	Eligibility Criteria
No.		of	As per 7 th	
	· · · · · · · · · · · · · · · · · · ·	post/	CPC Pay	
		category	Matrix	
1.	Technical Assistant,	EWS-1	Level - 5	Officials holding analogous post i.e. 05 years
	Senior Library Assistant			Regular service as Technical Assistant(T-3)
	(Library, Information &			Senior Library Assistant (Library, Information
	Documentation Staff)			& Documentation Staff) and they have fulfilled
			•	the requisite criteria as per Council letter
				F. No. 9(01)/2002-Estt.IV dated 19-03-2020.
2.	Technical Assistant	SC-01	Level - 5	Officials holding analogous post i.e. 05 years
	(Field/Farm Technicians) for	UR-01		Regular service as Technical Assistant
	ICAR-IISR, Kozhikode			(Field/Farm Technicians) and they have
				fulfilled the requisite criteria as per Council
				letter F. No. 9(01)/2002-Estt.IV
				dated 19-03-2020.
3.	Farm Manager	ST-01	Level-6	Officials holding analogous post i.e. 05 years
	for KVK,			Regular service as Farm Manager and
	Peruvannamuzhi, Kozhikode			they have fulfilled the requisite criteria as per
				Council letter F. No. 9(01)/2002-Estt.IV dated
				19-03-2020.
4.	Programme Assistant	OBC-01	Level-6	Officials holding analogous post i.e. 05 years
	(Laboratory Technician)			Regular service as Programme Assistant
	For KVK, Peruvannamuzhi,		•	(Laboratory Technician) and they have fulfilled
	Kozhikode			the requisite criteria as per Council letter
				F. No. 9(01)/2002-Estt.IV dated 19-03-2020.

Contd....2

The above Inter-Institutional Transfer will be regulated as per Council's instructions vide F. No. TS-19(01)/2002-Estt.IV dated 19-03-2020.

It is requested that the above vacancies may be circulated amongst the eligible and desirous candidates, if any, working at your Institute/Establishment. The applications of only such candidates who can be relieved immediately in the event of their selection may please be forwarded to this Institute in the prescribed proforma which is enclosed herewith to the undersigned along with their up to date APAR dossiers for the last five years so as to reach this office on or before **16-08-2021**.

A Certificate to the effect that no Disciplinary /Vigilance case is pending/being contemplated against the candidate may also be forwarded along with the application. Incomplete applications or those received after the prescribed due date or whithout CR dossier/Vigilance clearance certificate will not be considered.

Yours faithfully

For Director

Encl : Application Proforma (Annexure-I)

Copy to:

- 1. The Deputy Secretary (TS), ICAR, Krishi Bhavan, New Delhi-1
- 2. The Deputy Secretary (Admn.), ICAR, Krishi Bhavan, New Delhi-1
- 3. The Director (Hort.sci.), ICAR, Krishi Anusandhan Bhavan-II, New Delhi-12.
- 4. PD, DKMA-for displaying it on the website of ICAR and e-office notice board.
- 5. ICAR-IISR, Website

APPLICATION PROFORMA FOR TECHNICAL POSTS AT ICAR-IISR, KOZHIKODE (KERALA) ON INTER INSTITUTIONAL TRANSFER BASIS

Post Name & Functional Group:-

SI.	DI		Jup.		A CONTRACTOR OF A CONTRACTOR O		
NO	Particulars						
1.	Name of the	Applicant (In	Block Letters)				
2.	Date of Birth						
3.	Gender: Male	/Female					
4.	Name of the l	CAR Institute	where applican	t			
	Is at present						
5.			d 5 years regula	r			
	service in Tee						
		icants seeking tr ing spouse grou	ansfer on medical				
6.	ground or work		pointment date:				
0.			ame of the post:				
			Category:				
		Fu	nctional Group:				
7.	Present post		ar basis with dat	e			
	Of assessmen						
8.			held Substantive	ely			
q	V	Qualifications					
10.	Details of Tec	Details of Technical Qualifications if any					
11				Service Det	tails		
Nan	ne of Institute	Post held	Scale of Pay		Period	Nature of duties	
				From	То	Performed	
		4					
					•		
					*		
10.	Whether belo	0					
10.	SC/ST/OBC/I	EWS/Physical	ly Handicapped.				
	SC/ST/OBC/I If Yes, docum	EWS/Physical nentary proof	may be enclosed				
10.	SC/ST/OBC/ If Yes, docum Email ID(pres	EWS/Physical nentary proof ferably ICAR I	may be enclosed				
11.	SC/ST/OBC/ If Yes, docum Email ID(pre Mobile Numb	EWS/Physical nentary proof ferably ICAR I per	may be enclosed				
	SC/ST/OBC/ If Yes, docum Email ID(pres Mobile Numb Reason for Tr	EWS/Physical nentary proof ferably ICAR I per ransfer:	may be enclosed Email ID) and				
11.	SC/ST/OBC/I If Yes, docum Email ID(pres Mobile Numb Reason for Tr (Please specie	EWS/Physical nentary proof ferably ICAR I per ransfer: fy maximum 1	may be enclosed Email ID) and	1		· · · ·	
11.	SC/ST/OBC/I If Yes, docum Email ID(pret Mobile Numb Reason for Tr (Please special attach necess	EWS/Physical nentary proof ferably ICAR I per ransfer: fy maximum 1	may be enclosed Email ID) and	1			
11.	SC/ST/OBC/I If Yes, docum Email ID(pres Mobile Numb Reason for Tr (Please specie	EWS/Physical nentary proof ferably ICAR I per ransfer: fy maximum 1	may be enclosed Email ID) and	1			
11.	SC/ST/OBC/I If Yes, docum Email ID(pre Mobile Numb Reason for Tr (Please speci attach necess ground)	EWS/Physical nentary proof ferably ICAR I ber ansfer: fy maximum 1 ary documen	may be enclosed Email ID) and	1			
11.	SC/ST/OBC/I If Yes, docum Email ID(pret Mobile Numb Reason for Tr (Please specia attach necess ground) (a) Medica	EWS/Physical nentary proof ferably ICAR I eer ransfer: fy maximum 1 ary documen al Ground (se	may be enclosed Email ID) and 100 words and ts in support of t	l he			
11.	SC/ST/OBC/ If Yes, docum Email ID(pret Mobile Numb Reason for Tr (Please speci attach necess ground) (a) Medic spouse	EWS/Physical nentary proof ferably ICAR I eer ansfer: fy maximum 1 ary documen al Ground (se e or parents o	may be enclosed Email ID) and 00 words and ts in support of t	he			
11.	SC/ST/OBC/ If Yes, docum Email ID(pret Mobile Numb Reason for Tr (Please speci attach necess ground) (a) Medic spouse (b) Spous ICAR/	EWS/Physical nentary proof ferably ICAR I ber ransfer: fy maximum 1 ary documen al Ground (se e or parents o e ground(whe State Governr	may be enclosed Email ID) and 100 words and ts in support of t If or children or f the employee): ether employed i nent/Central	l he n			
11.	SC/ST/OBC/I If Yes, docum Email ID(pref Mobile Numb Reason for Tr (Please speci attach necess ground) (a) Medic spouse (b) Spouse ICAR/ Govern	EWS/Physical nentary proof ferably ICAR I ber ansfer: fy maximum 1 ary documen al Ground (se e or parents o e ground (whe State Government/Auton	may be enclosed Email ID) and 100 words and ts in support of t If or children or f the employee): ether employed i nent/Central omous Body/PS	l he n Us			
11.	SC/ST/OBC/I If Yes, docum Email ID(pref Mobile Numb Reason for Tr (Please specia attach necess ground) (a) Medica spouse (b) Spouse ICAR/ Govern yes, pl	EWS/Physical nentary proof ferably ICAR I ber ansfer: fy maximum 1 ary documen al Ground (se e or parents o e ground (whe State Government/Auton	may be enclosed Email ID) and 100 words and ts in support of t if or children or f the employee): ether employee i nent/Central omous Body/PS opy of self atteste	l he n Us			

	department/office.	
	 (c) Two years before superannuation (attach certificate from the Head of Office of the Institute giving the date of superannuation) (d) Service in Difficult Areas (attach certificate from the Head of Office of the parent Institute giving the number of years of service in the difficult area) (e) Other If any –Give details: 	
13.	Knowledge of work in Computer	
14.	Any other information relevant to the application	

I do hereby declare and certify that the information furnished above are correct and true to the best of my knowledge and belief.

Signature of the Applicant with date

It is certified that particulars furnished SI. No. 1 to 11 have been verified from the Service Book/Record and found correct and no disciplinary case is either pending or being contemplated against the official.

Signature of Head of Office (with stamp)