Indian Council of Forestry Research and Education, P.O. New Forest, Dehradun (Uttarakhand)

Advt. No. 32-31/2020-ICFRE-Sr.M.O./M.O.

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:

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Name of Post</th>
<th>Name of Institute</th>
<th>No. of post</th>
<th>Pay Scale</th>
</tr>
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<tbody>
<tr>
<td>1.</td>
<td>Sr. Medical Officer</td>
<td>New Forest Hospital, F.R.I., Dehra Dun</td>
<td>01</td>
<td>Pay Matrix Level 11</td>
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<td>2.</td>
<td>Medical Officer</td>
<td>New Forest Hospital, F.R.I., Dehra Dun</td>
<td>04</td>
<td>Pay Matrix Level 10</td>
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<tr>
<td>3.</td>
<td>Medical Officer</td>
<td>TFRI, Jabalpur</td>
<td>01</td>
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Doctors who are already working in the Pay Matrix Level 12, 13 or above may also apply for the above posts and their pay shall be protected as per 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) Tenure:-

   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.

General Instructions:

1. Applications with complete bio-data together with a fee of Rs.500/- (Rupees Five hundred only) in the form of Demand Draft drawn in favour of the Accounts Officer, ICFRE payable at Dehra Dun should reach the office of the Secretary, Indian Council of Forestry Research and Education, P.O. New Forest, Dehradun on or before 25.08.2020.
2. Separate application should be submitted along with Demand Draft of Rs.500/- for each post if a candidate wishes to apply for more than one post.
3. Application and the envelope should be superscribed as “Application for the post of Sr. Medical Officer/Medical Officer” against advertisement No. 32-31/2020-ICFRE-Sr.M.O./M.O.
   Applications incomplete in any respect shall be summarily rejected.
4. In no case the Council will be responsible for non-receipt of application or any delay in receipt thereof on any account whatsoever. No application received after the stipulated last date will be entertained under any circumstances and all the late applications will be summarily rejected.
5. The candidate must submit their application through proper channel. The concerned department/organization should enclose vigilance clearance report and Annual Confidential Reports of the officer for the last five years (2014-15 to 2018-19) while forwarding the applications of the candidates. However, an advance copy can be submitted along with the prescribed fee.
6. The Council reserves the right to relax, the qualifications/experience in case of exceptionally qualified and meritorious candidates.
7. The Council reserves the right not to fill up the vacancy advertised if the circumstances so warrant in the interest of the Council.

[Signature]
Secretary, ICFRE
PROFORMA FOR APPLICATION FOR THE POST OF Sr. MEDICAL OFFICER / MEDICAL OFFICER

1. Name (in block letters)
   Last Name: ...........................................
   First Name: ...........................................
   Middle Name: ...........................................

2. Post applied for and Pay Scale: ...........................................

3. Date of appointment & post currently held with pay scale: ...........................................

4. Date of Birth (in Christian era): ...........................................

5. Father’s Name/Husband’s Name: ...........................................

6. Address for correspondence:
   (in block letters with Pin Code)
   ...........................................
   ...........................................
   ...........................................

7. Contact No.: .................E-mail ID: ...........................................

8. Educational Qualifications:

9. Details of past service (Chronologically from present position backwards):

<table>
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<tr>
<th>Name of employer</th>
<th>Full address of employer</th>
<th>Post held (with pay scale)</th>
<th>Period From</th>
<th>Period To</th>
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10. Date of retirement under the rules of the Central/State Government/Organization: ..............................

11. Any other information: ...........................................

12. Bank Drat No. with date and amount: ...........................................

Place: ...........................................
Date: ...........................................

(Signature of the candidate)