

Most Immediate

F.No.A.12016/05/2016-D
Government of India
Ministry of Health and Family Welfare
Directorate General of Health Services
Central Drugs Standard Control Organization

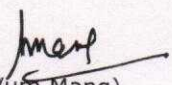
FDA Bhawan, Kotla Road,
New Delhi -110002,
Dated. 29th Aug, 2018

OFFICE MEMORANDUM

Subject:- Filling up the one post of 'Head Clerk' in CDSCO(WZ), Mumbai, Dte.GHS on deputation basis-regarding.

Applications are invited from the eligible candidates for appointment on deputation basis to one post of 'Head Clerk' in CDSCO office, West Zone, Mumbai in Level-6 in the Pay Matrix (Rs. 35400-112400), Group 'B' Non-Gazetted. Applications of only such officials will be considered which are routed through proper channel in the prescribed proforma (Annexure-A) in duplicate. The post is to be filled up by deputation from amongst the eligible UDCs/LDCs working under Central Government and fulfilling the following conditions :-

- (i) Holding analogous posts on regular basis, or
 - (ii) With five (5) year regular service in the post in pay scale of Rs. 5200-20200 + Grade Pay Rs. 2800(Pre-revised) (**Level-5 in the Pay Matrix Rs. 29200-92300, 7th CPC**), or
 - (iii) Posts in the pre-revised pay scale, PB-1 (Rs. 5200-20200 + Grade Pay Rs. 1900) (**Level-2 in the Pay Matrix Rs. 19900-63200, 7th CPC**).
2. The Pay & Allowances and other terms of the selected official will be regulated in accordance with the DoPT's O.M No. 6/8/2009-Estt.(Pay-II) dated 17.06.2010 as amended from time to time.
3. Applications of suitable official duly verified who are willing and eligible for the post and who can be spared immediately in the event of selection may be forwarded through proper channel to the Deputy Drugs Controller (I), CDSCO(WZ), Zonal FDA Bhawan, GMSD Compound, Bellasis Road, Mumbai Central, Mumbai- 400008 within 45 days from the date of issue of this memorandum in the prescribed proforma (Annexure-A)


(Vum Mang)

Deputy Director Admn.(D)
Tel No. 011-23236971

To

1. Dy. Director Admn (Sh.S.K.Tanwar), O&M Section, Dte.GHS with the request to arrange to circulate the abovementioned vacancy in all Ministries/ Departments and sub-ordinate offices of Dte.GHS.
2. All Zonal/Sub Zonal Offices/Laboratories under CDSCO.
3. IT Cell, CDSCO(HQ), FDA Bhawan, New Delhi with the request to upload this O.M on the website of CDSCO.
4. Copy for information to DDC(I), CDSCO(WZ), Mumbai..
5. Two spare copy.

141

BIO DATA PROFORMA

1. Name and Address in Block letters
2. Date of Birth (in Christian era)
3. Date of retirement under Central/State Govt. rules
4. Educational Qualifications
5. Whether Educational and other qualifications required for the post are satisfied. (If any qualification has been treated as equivalent to the one prescribed in the rules, state the authority for the same).

| | Qualifications/ experience required | Qualification/ Experience posses- sed by the officer |
|-----------|---|--|
| Essential | (1) | |
| | (2) | |
| | (3) | |
| Desired | (1) | |
| | (2) | |

6. Please state clearly whether in the light of entries made by you above, you meet the requirements of the post
7. Details of Employment, in chronological order. Enclose a separate sheet, duly authenticated by your signature, if the space below is insufficient

| Office/Instt./Orgn. | Post held | From | To | Scale of pay and basic pay | Nature of duties |
|---------------------|-----------|------|----|----------------------------|------------------|
| | | | | | |

7. Nature of present employment i.e., adhoc or temporary or casual permanent or permanent

170

9. In case the present employment is held on deputation/contract basis, please state -

- a) The date of initial appointment
- b) Period of appointment on deputation/contract
- c) Name of the parent office/organisation to which you belong

10. Additional details about present employment

Please state whether working under

- a) Central Govt.
- b) State Govt.
- c) Autonomous Organisations
- d) Government Undertakings
- e) Universities

11. Are you in Revised Scale of Pay? If yes, give the date from which the revision took place and also indicate the pre-revised scale.

12. Total emoluments per month now drawn.

13. Additional information, if any, which you would like to mention in support of your suitability for the post. Enclose a separate sheet, if the space is insufficient.

14. Whether belongs to SC/ST

15. Remarks

Signature of the candidate

Date _____

Address _____

Countersigned _____

(Employer)