

अखिल भारतीय आयुर्विज्ञान संस्थान(छत्तीसगढ़) रायपुर ,

All India Institute of Medical Sciences, Raipur (Chhattisgarh)
G. E. Road, Tatibandh,
Raipur-492 099 (CG)
www.aiimsraipur.edu.in

No. Admin/Rec./Deput./2019/AIIMS.RPR/1965 Dated: 15-10-2019

Engagement of Superintending Engineer on Deputation Basis in AIIMS, Raipur.

Applications are invited in the prescribed proforma from suitable candidate (working on regular basis in Government Office/Institution/Organization) for filling up following post on DEPUTATION BASIS in All India Institute of Medical Sciences, Raipur. The essential qualification experiences etc. required for applying for this post are as under:-

| Sr. No. | Name of Post | Group | Pay Band/Grade Pay/Pay Scale | No. of Post(s) |
|------------|-------------------------|-------|---------------------------------|-------------------|
| 1. | Superintending Engineer | A | Level- 13; Rs. 123100-215900 | 01 |

Note:

- 1. The number of posts is tentative and is liable to change based on the Institute's requirements.
- 2. Maximum age limit for applying for the aforesaid posts on deputation is **56 years** as on last date of receipt of application.
- 3. The period of deputation shall not ordinarily exceed **3 years**.

| S. No. | Name of the Post, Pay-band & Grade Pay and Essential Eligibility Conditions. | Number of posts |
|--------|---|--------------------|
| 1. | Name of the post: Superintending Engineer | |
| | Group 'A' | |
| | Pay Scale: Level- 13; Rs. 123100-215900 | |
| | Essential: Superintending Engineer (Civil) or Executive Engineer (Civil) with years of regular service in that grade from CPWD failing which similar officers from other Central Engineering Departments of Engineering Departments of Central Statutory/Autonomous bodies. An officer taken on deputation shall possess a Degree in Civil Engineering. | |
| | Executive Engineers of AIIMS with 5 years of regular service in the grade shall also be considered and in case one of them is selected (on consideration of all including those who have applied for deputation) the appointment shall be treated as promotion. | |
| | (Period of deputation shall not be exceed 3 years). | |

The Officers who fulfill the above qualifications/eligibility may submit their application in the attached proforma *through proper channel* to the Recruitment Cell, 3rd Floor, Medical College Building, Gate No. 05, All India Institute of Medical Sciences, Tatibandh, Raipur- 492099, C.G. so as to reach by **30/11/2019**, **5:00 PM** by **Speed Post/Registered** Post only.

The envelope containing the application(s) should be super-scribed "Application for the Post of Superintending Engineer on Deputation basis." While forwarding their applications, it may be ensured that the particulars of the candidates are verified and that they fulfill eligibility conditions. Duly attested photocopies of their up-to-date Confidential Reports (at least for the latest 05 years) may also be enclosed may also be clearly applications. It stated that with vigilance/disciplinary proceedings is pending or contemplated against the candidates concerned. Applications without forwarding through proper channel, vigilance clearance and Complete CR 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.

| Ар | | | | S.RPR/1965 ,Dated 15-10-2 | |
|----|---|---------|--------|----------------------------------|--|
| 1. | Name and address in BLOCK letters | | | | Affix here recent passport size photograph |
| 2. | Father's Name | | | | |
| 3. | Date of Birth (DD/M | M/YYYY) | | | |
| 4. | Date of retirement under Central/State Government Rules | | | | |
| 5. | Educational Qualification | i) | | | |
| | | ii) | | | |
| | | iii) | | | |
| | | iv) | | | |
| | | , | 412 | | |
| 6. | Whether educational and other qualification has been treated authority for the same). | | | | |
| | | | | | |
| | Essential: | | quired | Possessed by the | Applicant |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | Desirable: | | | | |
| 7. | Please state clearly whether in the light of entries made by you above, you meet the requirements of the post | | | | |

| 8. Details of employments (in chronological order) enclose a separate sheet, duly authenticated by your sign insufficient. | | | | | signature if the | gnature if the space below is | | |
|--|----------|---|------------|------------------------|------------------|-------------------------------|--|-----------|
| | S. No | (working on regular basis in Government) Office/Institute/Organization) | Post Held | Duration of Experience | | Total Duration of Experience | Pay-band and Grade pay (Scale of | Nature of |
| | 110 | | 1 ost Heid | From | То | Year(s), Month(s), day(s) | Pay if in pre- revised scale of pay) | Duties |
| | 1. | | | | | | | |
| | 2. | | | | | | | |
| | 3. | | | | | | | |
| | 4. | | | | | | | |
| | 5. | | | | | | | |
| | | Total work experience: | | Year(s) | | Month(s) | , | Day(s) |

| 9. | | sent employment (i.e.ad-hoc or | |
|-------|------------------|--|----------------------|
| | | uasi-permanent or permanent) | |
| 10. | - | present employment is held on | |
| | | ntract basis, Please state: (a) the | |
| | | al appointment (b) period of | |
| | | on deputation/contract (c) name | |
| | - | office/organization to which you | |
| 1 1 | belong | -:11 | |
| 11. | | ails about present employment | |
| | Government | hether working under: (a)Central (b)State Government | |
| | (c)Autonomous | \ | |
| | undertaking (e | | |
| 12. | | ised scale of pay? If yes, give the | |
| | | ich the revision took place and | |
| | | ne pre-revised scale. | |
| 13. | Total emolume | nts per month now drawn. | |
| 14. | Additional info | rmation, if any which you would | |
| | like to mention | in support of your suitability for | |
| | the post. Enclo | ose a separate sheet, if the space | |
| | is Insufficient. | • • | |
| | | | |
| 15. | Whether belon | gs to SC/ST/OBC (if yes, please | |
| | specify) | | |
| | | | |
| 16. | Contact Numb | ers & E-mail ID: | |
| | | | |
| 1) | Office | | |
| 2) | Residence | | |
| 3) | Mobile | | |
| 4) | E-mail ID | | |
| 17. | If selected, spe | cify the minimum required | |
| | joining time | | |
| | | | Candidate's Address: |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | Signatı | ıre of the Candidate | |
| | 3 | , | |
| Date: | | | |
| | | | |
| Coun | tersigned: | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | [Fmnlove | er/Authorized Officer] | |
| | Lampioye | 2, ridinorized Officer | |
| | | | |