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Azadi Ka
Mrit Mahotsav

भाकृ अनुप - कृषिप्रौद्योगिकी अनुप्रयोग अनुसंधान संस्थान, जोन-IV
गर्भूचक, जगदेवपथ, पटना -800014 (बिहार)

ICAR-Agricultural Technology Application Research Institute, Zone-IV

Garbhuchak, Jagdeopath, Patna- 800014, (Bihar)

F. No.6(2-3)/ATR-PTN/Rect./2022-23/

Dated: 25.11.2024

To

All the Director/Project Directors of ICAR Research Institute/NRCs/ATARI's Bureaus/ICAR HQ.

Sub: Extension of the last Date of Receipt of Application for filling up the Vacant Posts of Technician and Technical Assistant on Inter-Institutional Transfer basis at ICAR-ATARI, Zone-IV, Patna-reg.

Sir/Madam,

In continuation to this Office letter of even no. dated 23.10.2024, it is informed that the last date for receipt of application for filling up the Vacant Posts of Technician and Technical Assistant on Inter-Institutional Transfer basis at ICAR-ATARI, Zone-IV, Patna has been extended upto 10.12.2024. It is requested that the same may kindly be circulated among the eligible and desirous candidates, working at your Institute/Centers and applications of only such candidates who can be relieved immediately in the event of their selection may be forwarded in the enclosed proforma along with the following documents:

1. Initial appointment letter for the post of T-1 & T-3
2. APAR Dossiers for the last five years.
3. Vigilance Clearance Certificate and Integrity Certificate
4. Any other relevant document.

Other terms and conditions mentioned in the above advertisement remain unchanged.

R. U. Dwivedi
25/11/2024
Assistant Administrative Officer

Encl: As above.

Copy for kind information to:

1. The Project Director, DKMA, Krishi Anusandhan Bhavan-1, Pusa, New Delhi-110012
2. The Deputy Secretary (Technical Division), ICAR-Krishi Bhavan, New Delhi-110001.
3. The Under Secretary (Admn), ICAR-Krishi Bhavan, New Delhi-110001.
4. E-office Notice Board.
5. PS to Director, ICAR-ATARI, Patna, for kind information.

**PROFORMA OF APPLICATION FOR THE POST OF TECHNICIAN (T-1)
and Technical Assistant (T-3) AT ICAR-Agricultural Technology Application Research
Institute, Zone-IV, Patna on inter-Institutional transfer basis**

| | | | | | | |
|---------|--|-----------|--------------|--------|----|----------------------------|
| 1. | Name of the Application (in block letters) | | | | | |
| 2. | Designation | | | | | |
| 3. | Gender (Male/Female) | | | | | |
| 4. | Age and Date of birth (in Christian Era) | | | | | |
| 5. | Marital Status | | | | | |
| 6. | Name of the ICAR Institute where the applicant is currently working | | | | | |
| 7. | Name of the Institute of for which applied for | | | | | |
| 8. | Name of the post, category, and Functional group to which initially appointed with date | | | | | |
| 9. | Whether belongs to SC/ST/OBC/PH Ex. Servicemen etc. (Attested copy of the Certificate issued by the prescribed authority to be enclosed) | | | | | |
| 10. | Dated of confirmation/post held substantively | | | | | |
| 11. | Educational/Technical qualifications | | | | | |
| 12. | Service Details | | | | | |
| Sl. No. | Name of the Institute | Post Held | Scale of Pay | Period | | Nature of duties performed |
| | | | | From | To | |
| | | | | | | |
| | | | | | | |
| 13 | Email id (preferably ICAR mail ID with phone Number) | | | | | |

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|----|--|--|--|
| 14 | <p>Reason for transfer: (Please specify in Maximum 100 words and attach necessary documents in support of the ground mentioned in the guidelines issued by Council's letter dated 19.03.2020</p> <p>(a) Medical Ground (Self or children or spouse or parents of the employee. Attached necessary certificates mentioned in the guidelines issued by Council's letter dated 19.03.2024)</p> <p>(b) Working-Spouse ground (whether employed in ICAR/State Government/Central Government/Autonomous Body/PSUs) if yes please attach a copy of self-attested ID proof issued by Spouse's department/office.</p> <p>(c) Two years before superannuation (attach certificate from Head of Office of the parent Institute giving the date of superannuation)</p> <p>(d) Service in Difficult areas (attach a certificate from the head of Office of the parent Institute giving the number of years of service in the difficult area)</p> <p>(e) Other if nay (Give details)</p> | | |
| 15 | Any other information relevant to the Application | | |

DECLARATION

I do hereby declare and certify that all the information furnished above are correct and true to the best of my knowledge and belief. I understand and agree that in the event of any information being found false or incorrect/incomplete or ineligibility being detected at any time before or after selection action may be taken against me and I shall be bound by the decision of the employer.

Place
Date:

Signature of the applicant
Name:

CERTIFICATE OF THE CURRENT EMPLOYER

It is Certified that particulars furnished at SI No. 1 to 12 have been verified from the Service Book/records and found correct and no disciplinary case is either pending or being contemplated against the official.

Signature of the Head of Office
(with seal)