

F.No.A.11018/1/2014-Estt.II
Government of India
Department of Health and Family Welfare

Nirman Bhavan, New Delhi.
Dated the 17th July, 2015.

OFFICE MEMORANDUM

Subject: Filling up the post of Cashier in the Department of Health & Family Welfare - Regarding.

It is proposed to draw up a panel for appointment to the post of Cashier in the Department of Health & Family Welfare on transfer basis for period of 3 years.

2. Applications are therefore invited from Assistants/ UDCs or LDCs who have rendered five/ eight years regular service in the respective grade. Preference will be given to those who have successfully undergone training in Cash & Accounts at the Institute of Secretarial Training and Management (ISTM). The Persons appointed to the post will be entitled to special pay/ cash handling allowance as admissible under the rules. The officials selected to the post will be required to furnish necessary Cash security or Fidelity bond for drawing of Cash Handling Allowance. The candidates selected for the post will not be allowed to withdraw their names subsequently

3. All the interested Assistants/ UDCs or LDCs who have rendered five/ eight years regular service in the respective grade and desirous of applying for the above post may submit their applications in the prescribed pro-forma complete in all respect to the undersigned by 31.08.2015. Incomplete applications or applications received after the prescribed date will not be considered.


(Dh) **Dhruv Chakravarty**
Under Secretary to the Government of India
Telefax.No.23061323.

To

1. All Ministries/ Departments of Govt. of India.
2. All Sections/ Cells/ Desks in the Ministry of Health and Family Welfare
3. Department of Health Research.
4. Dte.Genl. of Health Services (Admn.I) Section with the request that the post may be circulated amongst all Sections in the Dte.GHS/ CBHI/ CHEB/ NML/ MSO/ CDSCO and the applications of interested persons together with their up-to-date CR Dossiers may be sent so as to reach this Ministry by the stipulated date. Necessary vigilance clearance may also please be communicated alongwith the applications.
5. Director BOP, Nirman Bhavan with the request to upload this Circular alongwith Proforma in the Ministry's website.
6. NOTICE BOARD.

PROFORMA

APPLICATION FOR THE POST OF CASHIER IN THE DEPARTMENT OF HEALTH & FAMILY WELFARE

1. Name of Applicant:
2. Post held at present and date of regular Appointment to the Present Post:
3. Present Office
4. Basic Pay and Scale of Pay
5. Educational Qualification :
6. Experience of Handling Cash:
7. Nature of duties & responsibilities Of present post:
8. Year of passing Cash & Ale. Training from ISTM (Attach a copy of ISTM's Certificate)
9. Address/Contact details:

PIN: _____
E-mail: _____
Phone : _____

I declare that all the details /facts mentioned above are correct.

Date: _____

Signature: _____

(NAME _____)

For Controlling Office

It is certified that all the service details have been verified from the service record of

2. It is also certified that there is no vigilance case pending or being contemplated against him/her. There has been no major/minor penalties imposed on him/her during last ten years.

3. Copies of ACRs of the past 5 years are also enclosed.

Name: _____

Designation _____

C E R T I F I C A T E

(To be filled in by the authority forwarding the applications)

1. Certified that:

- (i) The particulars furnished by the candidate have been checked from available records and found to be correct.
- (ii) It has been verified that the candidate is eligible as per conditions mentioned in Department of Health & Family Welfare' s O.M.No.A.11018/1/2014-Estt.II dated:_____
- (iii) No vigilance case either pending or being contemplated against the candidate. There is nothing in the CR Dossiers of the candidate , which makes him ineligible for consideration for appointment for the applied for.

2. Copies of up-to-date CR Dossiers of the preceding five years of the candidate duly attested by an Officer not below the rank of Under Secretary or equivalent (on each page with rubber stamp) are enclosed.

Signature_____

___ Name& Designation_____

___ Office Address with seal:_____

Tel.No._____

E-mail:_____