



Advertisement No. NARFBR/Tech/01/2023 dated 05.07.2023

VACANCY NOTIFICATION

ICMR – National Animal Resource Facility for Biomedical Research (NARFBR), Hyderabad an autonomous body under the aegis of Indian Council of Medical Research, Department of Health Research, Ministry of Health and Family Welfare, Government of India invites applications, in the prescribed format, from the eligible candidates for the following regular posts to be filled by Direct recruitment at ICMR - NARFBR, Hyderabad.

Sl. No	Name of the Post with scale of pay (as per 7 th CPC)	No. of Posts **	Reservation						
			UR	SC	ST	OBC	EWS	PwD	ESM
1	Technical Assistant, Level – 6 (Rs. 35,400 - 1,12,400)	3	2	-	-	1	-	-	-
2	Technician-1 Level – 2 (Rs. 19,900 - 63,200)	8	4	1	-	1	1	1	-
3	Lab Attendant-1 Level – 1 (Rs. 18,000 - 56,900)	35	13	4	1	9	3	1	4
Total		46	19	5	1	11	4	2	4

** Vacancies shown are tentative and may increase/decrease at any stage of recruitment.

For complete details regarding educational qualification, experience, age, terms and conditions and to download the application form, please visit our website www.narfbr.org and www.icmr.nic.in.

Last date of submission of application form is **14.08.2023 upto 5.30 p.m.** Corrigendum, if any, shall be published on the Institute's website only.

Sd/-
Administrative Officer

S. No	DETAILS OF POSTS TO BE FILLED ON DIRECT RECRUITMENT BASIS	
1.	Post Code	TA
2.	Name of the Post	Technical Assistant
3.	No. of Posts	03 (Three) posts UR – 2 (HVAC & Instrumentation), OBC – 1 (Life Science)
4.	Classification	Group – B Technical (Non-Ministerial)
5.	Scale of Pay	Level – 6 in Pay Matrix Rs. 35,400 – 1,12,400
6.	Upper Age Limit	30 years
7.	Educational, experience and other qualifications	<p><u>Essential:</u></p> <p>1. 1st class three years Bachelor’s degree in Science / relevant subject from a recognized University in relevant field or 1st class three years Engg. Diploma from a recognized Institute with two years experience in relevant field or 1st class Engineering/Technology degree in relevant subject.</p> <p><u>Desirable:</u></p> <p>1. T.A (Life Science) – OBC – 01: B.V.Sc and AH with 2 years experience in handling, identification, breeding, restraining, different drug administration procedures, blood collection and maintenance of laboratory animals.</p> <p>2. T.A (Instrumentation) – UR – 01: Biomedical Engineering/ Electronics and Communications Engg/ Instrumentation Engg. with 2 years experience in maintenance of high-end laboratory equipment related to animal house.</p> <p>3. T.A (Electrical/HVAC) – UR – 01: Mechanical Engineering with 2 years experience in maintenance of HVAC system.</p> <p>4. Experience and knowledge of working on computer.</p> <p>5. Knowledge of English with good written and oral communication skills.</p>

S. No.	DETAILS OF POSTS TO BE FILLED ON DIRECT RECRUITMENT BASIS	
1.	Post Code	TECH
2.	Name of the Post	Technician - 1
3.	No. of Posts	08 (Eight) posts UR – 4 [Animal Facility (3) & Electrical (1)] SC – 1 (HVAC), OBC – 1 (Animal Facility), PwD – 1 (Animal Facility), EWS – 1 (Animal Facility)
4.	Classification	Group – C Technical (Non-Ministerial)
5.	Scale of Pay	Level – 2 in Pay Matrix Rs. 19,900 – 63,200
6.	Upper Age Limit	28 years
7.	Educational, experience and other qualifications	<p><u>Essential:</u></p> <ol style="list-style-type: none"> 1. 12th or Intermediate pass in Science subject with 55% marks. 2. At least one year Diploma in relevant field such as Diploma in Medical Laboratory Technology (DMLT) / Computer / Statistics etc. from Govt. recognized institutions. <p><u>Desirable:</u></p> <ol style="list-style-type: none"> 1. Veterinary Diploma with 2 years experience in handling Large animals (Equine, sheep, goat, porcine, canine and NHP) OR certificate course in Lab animal care management (Rodents like mice, rat, hamsters, guinea pig & rabbits, etc). 2. Knowledge of English with good written and oral communication skills.

S. No.	DETAILS OF POSTS TO BE FILLED ON DIRECT RECRUITMENT BASIS	
1.	Post Code	LA
2.	Name of the Post	Lab Attendant - I
3.	No. of Posts	35 (Thirty five) posts UR – 13 [Animal Facilities (12) & Engg.Service (1)] SC – 4 [Animal Facilities (2) & Engg.Services (2)] ST – 1 (Animal Facility) OBC – 9 [Animal Facility (7) & Engg.Services (2)] PwD – 1 (Animal Facility) EWS – 3 [Animal Facility (2) & Engg.Service (1)] ESM – 4 [Animal Facility (3) & Engg.Services (1)]
4.	Classification	Group – C Technical (Non-Ministerial)
5.	Scale of Pay	Level – 1 in Pay matrix Rs.18,000 – 56,900
6.	Upper Age Limit	25 years
7.	Educational, experience and other qualifications	<p><u>Essential:</u></p> <ol style="list-style-type: none"> 1. 10th pass with 50% marks in aggregate from recognized board. 2. One year working experience in a Govt. recognized / approved / registered Lab or ITI in respective field or trade certificate issued by Govt agencies. <p><u>Desirable:</u></p> <ol style="list-style-type: none"> 1. Experience of working in any Bio-medical Research Institutes or experience in handling/care & management of laboratory animals. 2. Experience in assistance in management of electrical substation and panel boards / engineering works. 3. Experience in assistance in management of HVAC 4. Knowledge of English with good written and oral communication skills.

GENERAL TERMS AND CONDITIONS:

1. The applicant must be a citizen of India.
2. The posts are to be filled on direct recruitment basis as per the rules.
3. All applicants must fulfill the essential qualifications for the posts and other conditions stipulated in the notification as on the last date for receipt of applications.
4. The applicable candidates selected on direct recruitment for the regular posts will be governed by the provisions of the New Pension scheme introduced by the Government of India w.e.f.01.01.2004.
5. The applicants serving in Government/Public Sector Undertakings / Autonomous Bodies must send their application **THROUGH PROPER CHANNEL**. The employees of this Institute including ICMR and its Institutes/Centers are also required to submit their applications through proper channel.
6. Mere possessing the Educational Qualification will not entail any candidate a right to be considered eligible for the post. The final list of candidates called for written test is based on the short-listing of candidates by a duly constituted Screening Committee. Only short-listed candidates will be communicated and no interim correspondence will be entertained.
7. The Institute reserves right to accept or reject the application without assigning any reasons. Canvassing in any manner will disqualify from the selection process.
8. Any alterations/modifications to the notification/terms & conditions will be issued by way of addendum notification on the Institute's website only.
9. The pay and allowances etc. are admissible as per rules of the Institute.
10. All educational/professional/technical qualifications should be from a recognized Board/University.
11. The relevant essential experience requirement specified should be the experience acquired after obtaining the minimum educational qualifications required for the post.
12. The reservation policy will be strictly followed as per GoI rules.
13. The prescribed application form may be downloaded from the website.

HOW TO APPLY: -

- The candidates should submit the duly filled-in **Application Form** attached with this advertisement as **PART-I and PART-II**. Candidates have to fill all the columns in the Application form and should write "NA" in respect of the clauses which are not applicable or relevant to the candidate.
- In **PART-II**, candidates have to fill his/her Name, Post Code Name of the post applied for, Sex, Category and Correspondence address. Examination Centre, Roll No. and

Application No. shall be filled by the Office. **Candidates have to sign the Admit Card while appearing in the written test. Therefore, they don't have to sign the Admit Card (Part-II) while submitting the Application Form.**

- Demand Draft (non-refundable) of Rs.300/- (Rupees Three hundred only) drawn on any Nationalized Bank in favour of **Director, NARFBR**, payable at Hyderabad should be submitted along with the application. Candidates belonging to SC/ST/PwD/PH/Ex Servicemen and women categories are exempted from payment of the application fee. The application fee is payable by all other candidates including ICMR and its Institutes' employees. The candidate should clearly mention their name & post applied for on the back side of Demand Draft. The applications not accompanied by the required D.D or the applications that are received without specifying the post applied for, will not be considered.
- The envelope containing the application should be superscribed as Application for the post of “_____ (Name of the post)”. The duly filled in Application Form including PART-I and PART-II in the prescribed format, along with the self-attested copies of certificates in support of educational qualifications, experience, caste, disability, etc., should reach the Director, ICMR – National Animal Resource Facility for Biomedical Research, Genome Valley, Kolthur (P.O), Shamirpet (M), Hyderabad, Telangana – 500 101 through Speed Post/ Registered post (**applications by hand will not be accepted**) latest by **by 14.08.2023 upto 5.30 p.m** Applications received late/ incomplete or not in prescribed format will not be considered. No correspondence will be entertained in this regard.
- The candidates need to attach the self-attested copies of the following documents along with their duly filled-in Application Form:-
 - a) Proof of Date of Birth.
 - b) Proof of Educational Qualifications from Class-X onwards.
 - c) Proof of Work Experience.
 - d) Proof of Experience for age relaxation for the candidates working in the Government Sector; in the prescribed format (**Annexure-I**).
 - e) Income and Asset Certificate for EWS candidates, in the prescribed format (**Annexure-II**)
 - f) Proof of Category i.e. SC/ST/OBC/PwD/ESM etc.
 - g) No Objection Certificate (wherever applicable).
 - h) Declaration to be furnished by OBC Candidates (**Annexure-VI**).
 - i) Details of Experience, in the prescribed format (**Annexure-III**) for candidates working in ICMR projects continuously.
 - j) Appointment letters and joining orders in r/o Project Service in ICMR funded Projects.
 - k) Disability Certificate for claiming age relaxation.
 - l) Others.

SELECTION PROCEDURE:

- Selection will be through a written test only.
- The selection for the Group 'B' & 'C' posts will be done based on merit dispensing the interviews as per the instructions of the DOPT vide OM.No.39020/01/2013-Estt(B)-Part, dated 29.12.2015.
- Selection of the candidates will be done based on the performance in the written examination as per DOPT guidelines and subject to fulfilling all the eligibility criteria.

OTHER TERMS AND CONDITIONS FOR ALL THE POSTS AS MENTIONED ABOVE:-

(A) **ECONOMICALLY WEAKER SECTION (UR):-** All the terms and conditions in respect of reservation for Economically Weaker Sections (EWSs) in civil posts and services in the Government of India shall be regulated in terms of DoPT OM No. 36039/1/2019-Estt (Res.) dated 19.01.2019 and OM of even no. dated 31.01.2019 as amended from time to time. Candidates belonging to the EWS category in terms of the above mentioned OMs are required to attach the Income and Asset Certificate issued by Competent Authority, in the prescribed attached format (Annexure-II) at the time of applying for the post. The last date of receipt of applications i.e. **14.08.2023** shall be treated as the crucial date for submitting the Income and Asset Certificate by the candidate. Non submission of such certificate shall be treated as disqualification. **The Income and Asset Certificate should be valid for the year 2023-24.**

(B) **AGE LIMIT:-**

1. The crucial date for determining the age limit shall be the last date of receipt of applications i.e. 14.08.2023 for all the posts.
2. No age relaxation will be given to SC/ST/OBC (Non Creamy Layer) candidates applying for the Unreserved posts as per Govt. of India order No.36011/1/98/Estt (Res.) dated 01.07.1998 as amended from time to time.
3. The age relaxation to SC/ST/OBC/ (Non Creamy Layer)/PwD/Ex-Servicemen etc. shall be considered as per the DoPT OM No.DoPT-1667569393892 dated 06.09.2022 as amended time to time.
4. Relaxation of age limit would be permissible to such persons who have a minimum of 40% disability. The candidates need to attach the relevant Disability Certificate, issued by the competent medical authority of the Govt. of India; for claiming age relaxation failing which no age relaxation shall be considered
5. Candidates working in the **ICMR FUNDED PROJECTS** continuously shall also be eligible for age relaxation up to five years or equivalent to the project service rendered by them, whichever is less; **provided he/she has entered into the project service within the prescribed age limit for the post for which they are applying.** The tenure of such candidates in the projects should be in continuation and there should be no gap in different tenures. In case of gap between two project service, the tenure of

the first service shall be taken into account for consideration of the age relaxation. **The candidates who had worked in the ICMR FUNDED PROJECTS far back and not presently working, shall not be considered for any age relaxation.**

6. Central Govt. servants and departmental candidates who have rendered at least three years continuous service under the Central Government are allowed the age relaxation up to the age of 40 years (45 years for SC/ST) for appointment to Group 'C' posts by direct recruitment subject to the usual condition that the Group 'C' posts to which direct recruitment is being made are in the same line or allied cadres and that a relationship could be established that service rendered in the post will be useful for efficient discharge of the duties in other categories of posts.
7. Age concession of 5 years are allowed to Departmental Candidates and Central Government employees for appointment to Group 'B' posts by direct recruitment subject to the usual condition that the Group 'B' posts to which direct recruitment is being made are in the same line or allied cadres and that a relationship could be established that service rendered in the post will be useful for efficient discharge of the duties in other categories of posts.
8. The Central Government Servants/Departmental Candidates and candidates working in the ICMR Funded Projects should submit No Objection Certificate in the prescribed format given in the **Annexure-IV and V** respectively.

(C) **TA/DA:-** No TA/DA will be paid to attend the Written Test and the candidates will have to make their own arrangement.

(D) **PROBATION:-**

- (i) The period of Probation will be **TWO** years for all the posts from date of joining.
- (ii) Other terms and conditions regarding Probation will be as per the rules of ICMR/GOI issued from time to time.

(E) **Reservation for PwD shall be as under:**

Sl. No	Name of the Post	Posts reserved for PwD
1	Technical Assistant	-
2	Technician-I	1
3	Laboratory Attendant-I	1

*** The description of category of reservation is given as under:**

(a)	Blindness and Low Vision
(b)	Deaf and hard of hearing
(c)	Loco-motor disability including cerebral palsy, leprosy cured, dwarfism, acid attack victims and muscular dystrophy
(d)	Autism intellectual disability, specific learning disability and mental illness
(e)	Multiple disabilities from amongst persons under clauses (a) to (d) including deaf-blindness

(F) **OTHERS:**

1. Date, time and venue of the written test will be communicated to the shortlisted candidates through call letters/admit cards and no enquiry/request in this regard will be entertained. Candidates are advised to visit ICMR and NARFBR websites from time-to-time for the updated status of the recruitment process.
2. Any change in the address for communication should be intimated to NARFBR by the candidate immediately.
3. **All the posts carry all India transfer liability. The selected candidates may be posted at any of the Institute/Centre under the control of ICMR. No TA/DA shall be considered in this case.**
4. Any canvassing by or on behalf of the candidates or to bring political or other outside influence with regard to the selection / recruitment shall be treated as disqualification.
5. The candidates working in the Central / State Govt. Departments / Public Sector Undertakings etc. should submit "**No Objection Certificate**" and "**Vigilance Clearance Certificate**" failing which the application will be summarily rejected.
6. The Experience Certificate (Work Experience) should be issued by the competent authority of the Government recognized/approved/registered Laboratory/Institution etc. and must be clear with Name, Designation, salary/pay scale drawn, period of work experience (From-to), nature of duties performed etc. by the candidate.
7. The candidates working in the Central Government only shall be considered for the age relaxation.
8. Educational Qualifications should be from a Recognized Board/Organization/Institute of repute and experience should be in a Govt. recognized/approved/registered laboratory / Institution.
9. Only the POST QUALIFICATION EXPERIENCE shall be taken into consideration.
10. No person (a) who has entered into, or contracted a marriage with a person having a spouse living, or (b) who, having a spouse living has entered into, or contracted a marriage with any person shall be eligible for appointment to the service provided that the Central Government may, if satisfied that such marriage is permissible under the personal law applicable to such person and the other party to the marriage and there are other grounds for so doing, exempt any person from the operation of this rule.
11. **Separate Application Form should be filled for each post. Single application for multiple posts will not be allowed.**
12. Those Ex-Servicemen who have already secured regular employment under the Central/State Government in Civil Posts after availing the benefit of ex-servicemen quota would be permitted the benefit of age relaxation as admissible for ex-servicemen for securing another employment in any higher post or service under the Central/State Government irrespective of any Group/Post. However, such candidates will not be eligible for the benefit of reservation, if any, for ex-servicemen in Central Government.

13. OBC certificate for the purpose of age relaxation will mean "PERSONS OF OBC CATEGORY NOT BELONGING TO CREAMY LAYER" as defined in DoPT's OM No. 36012/22/93-Estt (SCT) dated 08.09.1993, modified vide OM No. 36033/3/2004-Estt (Res) dated 09.03.2004 and 14.10.2008 and subsequently revised vide OM No. 36035/1/2013-Estt.(Res.) dated 27 05.2013. The closing date for receipt of application will be treated as the date of reckoning for OBC status of the candidate and also for assuming that the candidate does not fall in the Creamy Layer on the reckoning date. OBC candidates must, therefore, furnish valid and updated OBC certificate **in the prescribed format given in Annexure-VII** which should specifically include the clause regarding "Exclusion from the Creamy Layer". Non Submission of such certificate shall be treated as disqualification. **In order to get age relaxation, they have to furnish a declaration in the prescribed format given in Annexure - VI.**
14. The OBC certificate shall not be more than three years old from the last date of receipt of applications i.e. **14.08.2023**.
15. The candidates belonging to SC/ST should submit the caste certificate in the prescribed format (**Annexure-VIII**).
16. The candidates belonging to the PwD category should submit the Disability Certificate in the prescribed format, as applicable to them (**Annexure - IX**).
17. The applicants applying in response to this advertisement in their own interest, are advised that they should satisfy themselves regarding their eligibility for the post applied for. They must ensure that they fulfill all the eligibility criteria *viz.*, age limit, essential qualifications, experience, reservation etc. as on the last date of receipt of applications i.e. **14.08.2023**. In case, at any stage of recruitment or even after appointment, it has come to the notice that any of candidates does not fulfill the required qualifications in respect of the above mentioned eligibility criteria or has furnished any wrong or false or misleading information in the application form or has suppresses any material fact(s) or is not eligible otherwise, his/her candidature will automatically stand cancelled without assigning any reason or notice thereof irrespective of his/her marks obtained in the written test and no enquiry/ request/ correspondence will be entertained in this regard.
18. **The Director, ICMR-NARFBR reserves the right to:-**
 - Fix criteria for screening the applications so as to limit the number of Candidates to be called for written test. Merely fulfilling the essential qualification and requisite experience by the candidate does not confer any right to be called for the written test.
 - **Increase/decrease/delete the number of vacancies in any category and at any stage of selection process.**
 - Fill up or not to fill up any/all of the advertised positions without assigning any reasons thereof.
 - Rectify any inadvertent error or omission in the advertisement, at any stage of the recruitment process by notifying it on the ICMR/NARFBR website.

19. Applicants, in their own interest are advised to remain in touch with the websites of ICMR and NARFBR i.e. www.icmr.nic.in and www.narfbr.org.in respectively for any information related with the recruitment, corrigendum and other updates since beginning till the recruitment process is completed and ICMR/NARFBR will not be responsible if any candidate skips any important recruitment information due to not visiting the websites.

Administrative Officer
ICMR-NARFBR
Hyderabad

Annexure-I

(Format of certificate to be submitted by Central Government Employees seeking age relaxation)

(To be produced on the Letter Head of the Department and to be filled by the Head of the Department in which the candidate is working)

1. It is certified that Shri/Smt/Kum. _____ is a Central Government employee holding the post of _____ in the Pay Scale/Pay Level of Rs. _____ with 03 years regular/continuous service in the grade as _____ w.e.f. _____.
2. There is no objection to his/her appearing for the post of _____ and document verification for the said recruitment.

Signature _____

Name _____

Designation _____

Tel No _____

Office Seal _____

Government of

(Name & Address of the authority issuing the certificate)

INCOME & ASSET CERTIFICATE TO BE PRODUCED BY ECONOMICALLY WEAKER SECTIONS

Certificate No _____

Date: _____

VALID FOR THE YEAR _____

1. This is to certify that Shri/Smt./Kumari _____ son / daughter / wife of _____ permanent resident of, _____ Village/Street, _____ Post Office, _____ District _____ in the State / Union Territory _____ Pin Code _____ whose photograph is attested below belongs to Economically Weaker Sections, since the gross annual income* of his / her family** is below Rs. 8 lakh (Rupees Eight Lakh only) for the financial year _____. His/her family does not own or possess any of the following assets***:

- I. 5 acres of agricultural land and above;
- II. Residential flat of 1000 sq. ft. and above;
- III. Residential plot of 100 sq. yards and above in notified municipalities;
- IV. Residential plot of 200 sq. yards and above in areas other than the notified municipalities.

2. Shri/Smt./Kumari _____ belongs to the _____ caste which is not recognized as a Scheduled Caste, Scheduled Tribe and Other Backward Classes (Central List).

Signature with seal of Office _____

Name _____

Designation _____

Recent passport size attested photograph of the applicant

- *Note 1** : Income covered all sources i.e. salary, agriculture, business, profession, etc.
- **Note 2** : The term "**Family**" for this purpose include the person, who seeks benefit of reservation, his/her parents and siblings below the age of 18 years as also his/her spouse and children below the age of 18 years
- ***Note 3** : The property held by a "Family" in different locations or different places/ cities have been clubbed while applying the land or property holding test to determine EWS status.

Annexure-III

EXPERIENCE CERTIFICATE FOR CANDIDATES WORKING IN THE ICMR PROJECTS

(To be produced on the Letter Head of the Institute/Centre and to be filled by the Head of the Department in which the candidate is working)

It is certified that Shri/Smt/Kum. _____ is working at _____ as per the details given below:

Sl. No.	Period (Initial to latest)		Designation	Name of the ICMR funded Project	Emoluments Drawn (Rs.)	Remarks
	From	To				

Please state whether the candidate has entered into the project service within the prescribed age limit for the post for which the candidate is applying:- _____ (YES/NO)

There is no objection to his appearing for the post of _____ and document verification for the said recruitment.

Note: Please attach copies of the appointment letters and joining orders in r/o. of each of the above mentioned work experience.

Signature _____

Name _____

Designation _____

Tele No _____

Office Seal _____

NO OBJECTION CERTIFICATE

(To be produced on the Letter Head of the Department and to be filled by the Head of the Department in which the candidate is working)

1. It is certified that Mr / Mrs. / Miss / Dr. _____
(designation) _____ is working in the temporary/permanent capacity with effect from _____. The particulars furnished by him/her in the application form are correct and he/she possesses educational qualification and experience mentioned in the Vacancy Circular No. _____ dated _____.
This organization has no objection in his/her applying to the post of _____ as mentioned in the above stated circular.

2. It is certified that his/her Pay Level is _____. He/She is drawing a Basic Pay of Rs. _____. His/her next increment is due on _____.

3. It is certified that in the event of selection of Mr./Mrs./Miss/Dr. _____ to the post of _____ at ICMR-NARFBR, Genome Valley, Shamirpet, Hyderabad-500 101, he/she shall be relieved within a period of 01 month of issue of Appointment letter to Mr/Mrs./Miss/Dr _____ by ICMR-NARFBR.

Place :

Date :

Signature _____

Name _____

Designation _____

Seal of the office _____

NO OBJECTION CERTIFICATE

(To be produced on the Letter Head of the Department and to be filled by the Head of the Department in which the candidate is working)

It is certified that Mr./Mrs./Miss/Dr. _____ (designation) is working in the project entitled “_____.” The particulars furnished by him/her in the application form are correct and he/she possesses educational qualification and experience mentioned in the Vacancy Circular No. _____ dated _____. This organization has no objection in his/her applying to the post of _____ as mentioned in the above stated circular.

Place _____

Date _____

Signature _____

Name _____

Designation _____

Seal of the office _____

**FORM OF DECLARATION/UNDERTAKING TO BE SUBMITTED BY OBC CANDIDATE
(IN ADDITION TO THE COMMUNITY CERTIFICATE)**

I, _____ Son/Daughter of Shri _____
resident of village/town/city _____ District _____
State _____ hereby declare that I belong to the
_____ community which is recognized as a backward class by the Government
of India for the purpose of reservation in Service admission in Central Govt. institutions as per orders
contained in the Department of Personnel and Training Office Memorandum No. 36012/22/93-
Estt.(SCT) dated 08th September, 1993. I also declare that I do not belong to the persons/sections
(Creamy Layer) mentioned in Column 3 of the Schedule to the above referred Office Memorandum
dated 08th September, 1993, which is modified vide Department of Personnel and Training Office
Memorandum No. 36033/1/2013-Estt. (Res.) dated 14th September, 2017

Signature of Candidate: _____

Full Name: _____

Correspondence Address: _____

Place: _____

Date: _____

**FORM OF CERTIFICATE TO BE PRODUCED BY OTHER BACKWARD CLASSES
APPLYING FOR APPOINTMENT TO POSTS UNDER THE GOVERNMENT OF INDIA**

This is to certify that Shri/Smt./Kumari _____ son/daughter of _____ of village/town _____ in District / Division _____ in the State/Union Territory _____ belongs to the _____ community which is recognized as a backward class under the Government of India, Ministry of Social Justice and Empowerment's Resolution No. _____ dated _____. Shri/Smt./Kumari _____ and /or his/her family ordinarily reside(s) in the _____ District/Division of the State/Union Territory. This is also to certify that he/she does not belong to the persons/sections (Creamy Layer) mentioned in Column 3 of the Schedule to the Government of India, Department of Personnel & Training O.M. No. 36012/22/93-Estt. (SCT) dated 8.9.1993, OM No. 36033/3/2004-Estt. (Res) dated 9th March, 2004, O.M. No. 36033/3/2004-Estt. (Res) dated 14th October, 2008 and O.M. No. 36033/1/2013-Estt. (Res) dated 27th May, 2013**.

Signature _____

Designation _____ \$

Dated:

Seal:

*- The authority issuing the certificate may have to mention the details of Resolution of Government of India, in which the caste of the candidate is mentioned as OBC.

** - As amended from time to time.

\$- List of Authorities empowered to issue Other Backward Classes certificate will be the same as those empowered to issue Scheduled Caste/Scheduled Tribe certificates.

Note: The term "Ordinarily" used here will have the same meaning as in Section 20 of the Representation of the People Act, 1950.

PRESCRIBED PROFORMAE

Proforma-1

The form of certificate to be produced by Scheduled Castes and Scheduled Tribes candidates applying for appointment to posts under the Government of India

This is to certify that Shri/Shrimati/Kumari* _____ son/daughter* of _____ of village/town* _____ in District/Division* _____ of the State/Union Territory* _____ belongs to the _____ caste/tribe* which is recognized as a Scheduled Caste/Scheduled Tribe* under:

- @ The Constitution (Scheduled Castes) Order, 1950
- @ The Constitution (Scheduled Tribes) Order, 1950
- @ The Constitution (Scheduled Castes) Union Territories Order, 1951
- @ The Constitution (Scheduled Tribes) Union Territories Order, 1951

[as amended by the Scheduled Castes and Scheduled Tribes List (Modification) Order, 1956 the Bombay Reorganisation Act, 1960, the Punjab Reorganisation Act, 1966, the State of Himachal Pradesh Act, 1970, the North Eastern Areas (Reorganisation) Act, 1971, the Scheduled Castes and Scheduled Tribes Order (Amendment) Act, 1976, the State of Mizoram Act, 1986, the State of Arunachal Pradesh Act, 1986 and the Goa, Daman and Diu (Reorganisation) Act, 1987.]

- @ The Constitution (Jammu and Kashmir) Scheduled Castes Order, 1956
- @ The Constitution (Andaman and Nicobar Islands) Scheduled Tribes Order, 1959 as amended by the Scheduled Castes and Scheduled Tribes Order (Amendment) Act, 1976
- @ The Constitution (Dadar and Nagar Haveli) Scheduled Castes Order, 1962
- @ The Constitution (Dadar and Nagar Haveli) Scheduled Tribes Order, 1962
- @ The Constitution (Pondicherry) Scheduled Castes Order, 1964
- @ The Constitution (Uttar Pradesh) Scheduled Tribes Order, 1967
- @ The Constitution (Goa, Daman and Diu) Scheduled Castes Order, 1968
- @ The Constitution (Goa, Daman and Diu) Scheduled Tribes Order, 1968
- @ The Constitution (Nagaland) Scheduled Tribes Order, 1970
- @ The Constitution (Sikkim) Scheduled Castes Order, 1978
- @ The Constitution (Sikkim) Scheduled Tribes Order, 1978
- @ The Constitution (Jammu & Kashmir) Scheduled Tribes Order, 1989
- @ The Constitution (SC) Order (Amendment) Act, 1990
- @ The Constitution (ST) Order (Amendment) Act, 1991
- @ The Constitution (ST) Order (Second Amendment) Act, 1991
- @ The Scheduled Castes and Scheduled Tribes Orders (Amendment) Act 2002
- @ The Constitution (Scheduled Castes) Order (Amendment) Act, 2002
- @ The Constitution (Scheduled Castes and Scheduled Tribes) Orders (Amendment) Act, 2002
- @ The Constitution (Scheduled Castes) Orders (Second Amendment) Act, 2002

%2. Applicable in the case of Scheduled Castes/Scheduled Tribes persons who have migrated from one State/Union Territory Administration to another.

This certificate is issued on the basis of the Scheduled Castes/Scheduled Tribes certificate issued to Shri/Shrimati* _____ Father/Mother of Shri/Shrimati/Kumari _____ of village/town* _____ in District / Division _____ of the State/Union Territory* _____ who belongs to the caste/tribe* which is recognized as a Scheduled Caste/Scheduled Tribe in the State/Union Territory* of _____ issued by the _____ dated _____

%3. Shri/Shrimati/Kumari* _____ and/or* his/her* family ordinarily resides in village/town* _____ of _____ District/Division* of the State/Union Territory* of _____

Signature _____

**Designation _____

(With Seal of Office)
State/Union Territory*

Place _____

Date _____

*Please delete the words which are not applicable.

@Please quote specific Presidential Order.

% Delete the paragraph which is not applicable.

NOTE: The term "ordinarily reside (s)" used here will have the same meaning as in Section 20 of the Representation of the People Act, 1950.

**List of authorities empowered to issue Scheduled Caste/Scheduled Tribe Certificate.

- (i) District Magistrate/Additional District Magistrate/Collector/Deputy Commissioner/Additional Deputy Commissioner/Deputy Collector/1st Class Stipendiary Magistrate/ Sub-Divisional Magistrate/Taluka Magistrate/Executive Magistrate/Extra Assistant Commissioner.
(not below of the rank of 1st Class Stipendiary Magistrate).
- (ii) Chief Presidency Magistrate/Additional Chief Presidency Magistrate/Presidency Magistrate.
- (iii) Revenue Officers not below the rank of Tehsildar.
- (iv) Sub Divisional Officer of the area where the candidate and/or his/her family normally resides.
- (v) Administrator/Secretary to Administrator/Development Officer(Lakshadweep).

Form-V
Certificate of Disability
(In cases of amputation or complete permanent paralysis of limbs and in cases of blindness)
[See rule 18(1)]

(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE CERTIFICATE)

Recent Passport size
Attested Photograph
(Showing face only)
of the person with
disability

Certificate No. _____ Date: _____

This is to certify that I have carefully examined Shri/Smt/Kum _____
son/ wife/ daughter of Shri _____ Date of Birth _____
(DD/MM/YY) Age _____ years, male/female _____ Registration No. _____
_____ permanent resident of House No. _____ Ward/Village/Street
_____ Post Office _____ District _____ State _____

whose photograph is affixed above, and am satisfied that:

(A) he/she is a case of:

- locomotor disability
- dwarfism
- blindness

(Please tick as applicable).

(B) The diagnosis in his/her case is _____

(C) He/ She has _____ % (in figure) _____

percent (in words) permanent Locomotor Disability/dwarfism/blindness in relation to his/her

_____ (part of body) as per guidelines (_____

number and date of issue of the guidelines to be specified).

2. The application has submitted the following document as proof of residence:

Name of the Document	Date of Issue	Details of Authority issuing certificate

(Signature and Seal of Authorized Signatory of notified Medical Authority)

Signature/Thumb impression of the person in whose favour certificate of disability Certificate is issued

Form-VI
Certificate of Disability
(In case of multiple disabilities)
[See rule 18(1)]

(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE CERTIFICATE)

Recent Passport size
 Attested Photograph
 (Showing face only)
 of the person with
 disability

Certificate No. _____

Date: _____

This is to certify that I have carefully examined Shri/Smt/Kum _____

son/ wife/ daughter of Shri _____ Date of Birth _____

(DD/MM/YY) Age _____ years, male/female _____ Registration No. _____

permanent resident of House No. _____ Ward/Village/Street _____

Post Office _____ District _____ State _____

whose photograph is affixed above, and am satisfied that:

(A) He/she is a Case of Multiple Disability his/her extent of permanent physical impairment/disability has been evaluated as per guidelines (_____ number and date of issue of the guidelines to be specified) for the disabilities ticked below, and shown against the relevant disability in the table below.

Sl. No	Disability	Affected part of body	Diagnosis	Permanent physical impairment/mental disability (in %)
1	Locomotor disability	@		
2	Muscular Dystrophy			
3	Leprosy cured			
4	Dwarfism			
5	Cerebral Palsy			
6	Acid attack Victim			

Sl. No	Disability	Affected part of body	Diagnosis	Permanent physical impairment/mental disability (in %)
7	Low vision	#		
8	Blindness	#		
9	Deaf	£		
10	Hard of Hearing	£		
11	Speech and Language disability			
12	Intellectual Disability			
13	Specific Learning Disability			
14	Autism Spectrum Disorder			
15	Mental illness			
16	Chronic Neurological Conditions			
17	Multiple sclerosis			
18	Parkinson's disease			
19	Haemophilia			
20	Thalassemia			
21	Sickle Cell disease			

(B) In the light of the above, his/her over all permanent physical impairment as per guidelines

(_____ number and date of issue of the guidelines to be specified), is as follows:

In figures: _____ percent

In words: _____ percent

2. This condition is progressive/ non-progressive/ likely to improve / not likely to improve.

3. Reassessment of disability is:

(i) not necessary,
Or

(ii) is recommended/ after _____ years _____ months, and therefore this certificate shall be valid till _____ (DD)/(MM)/(YY)

@ c.g. Left/right/both arms/legs

e.g. Single eye

£ e.g. Left/Right/both ears

4. The applicant has submitted the following document as proof of residence:-

Nature of Document	Date of Issue	Details of authority issuing certificate

5. Signature and seal of the Medical Authority.

Name and seal of Member	Name and seal of Member	Name and seal of the Chairperson

Signature/Thumb impression of the person in whose favour certificate of disability is issued.

Form-VII
Certificate of Disability
(In cases other than those mentioned in Forms V and VI)
(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE CERTIFICATE)
[See rule 18(1)]

Recent Passport size
 Attested Photograph
 (Showing face only)
 of the person with
 disability

Certificate No. _____

Date: _____

This is to certify that I have carefully examined Shri/Smt/Kum _____
 son/ wife/ daughter of Shri _____ Date of Birth _____
 (DD/MM/YY) Age _____ years, male/female _____ Registration No. _____
 _____ permanent resident of House No. _____
 Ward/Village/Street _____ Post Office _____
 District _____ State _____ whose photograph is
 affixed above, and am satisfied that he/she is a Case of _____ disability. His/her extent
 of permanent physical impairment/disability has been evaluated as per guidelines (to be specified) and
 is shown against the relevant disability in the table below.

Sl. No	Disability	Affected part of body	Diagnosis	Permanent physical impairment/mental disability (in %)
1	Locomotor disability	@		
2	Muscular Dystrophy			
3	Leprosy cured			
4	Cerebral Palsy			
5	Acid attack Victim			
6	Low vision	#		
7	Deaf	¤		
8	Hard of Hearing	¤		

Sl. No	Disability	Affected part of body	Diagnosis	Permanent physical impairment/mental disability (in %)
9	Speech and Language disability			
10	Intellectual Disability			
11	Specific Learning Disability			
12	Autism Spectrum Disorder			
13	Mental illness			
14	Chronic Neurological Conditions			
15	Multiple sclerosis			
16	Parkinson's disease			
17	Haemophilia			
18	Thalassemia			
19	Sickle Cell disease			

(Please strike out the disabilities which are not applicable)

2. The above condition is progressive / non-progressive / likely to improve / not likely to improve.

3. Reassessment of disability is:

(i) not necessary,

Or

(ii) is recommended/ after _____ years _____ months, and therefore this certificate shall be valid till _____ (DD)/(MM)/(YY)

@ c.g. Left/right/both arms/legs

e.g. Single eye / both eyes

£ e.g. Left/Right/both ears

4. The applicant has submitted the following document as proof of residence:

Nature of Document	Date of Issue	Details of authority issuing certificate

(Authorized Signatory of notified Medical Authority)

(Name and Seal)

Countersigned

(Countersignature and seal of the
Chief Medical Officer/Medical Superintendent/
Head of Government Hospital, in case
the certificate is issued by a medical
Authority who is not a Government Servant (with seal))

Signature/Thumb impression of the person in whose favour certificate of disability is issued.

Note: In case this certificate is issued by a medical authority who is not a Government servant, it shall be valid only if countersigned by the Chief Medical Officer of the District.

Note: The principal rules were published in the Gazette of India by Ministry of Social Justice and Empowerment vide notification number 489, dated 15.06.2017.

ICMR - NATIONAL ANIMAL RESOURCE FACILITY FOR
BIO-MEDICAL RESEARCH
GENOME VALLEY, HYDERABAD – 500 101

APPLICATION FORM FOR TECHNICAL POSTS

Advertisement No. NARFBR/Tech/01/2023 Date: 05.07.2023

Last Date of Receipt of Applications: 14.08.2023 upto 5.30 p.m

PART-I

WHETHER ADVANCE COPY: _____ YES _____ NO

(For Office use only)

Application No. _____ /Roll No. _____

Date of Receipt _____

Post applied for: -

(A). Post Code _____

(B). Name of the Post _____

Space for
photograph duly
signed by the
candidate

Details of Application Fee:- (SC / ST / PwD / Ex-SM / Women are Exempted)

(A). D.D No. _____ (B) Date _____ (C). Amount _____

(D). Name of the Issuing Bank: _____

NOTE: -

1. APPLICATION FORM SHOULD BE FILLED IN CAPITAL LETTERS ONLY IN CANDIDATE'S OWN HANDWRITING.
2. PLEASE GO THROUGH THE ADVERTISEMENT BEFORE FILLING THE APPLICATION FORM.
3. USE SEPARATE APPLICATION FORM AND FEE FOR EACH POST.
4. ALL FIELDS ARE MANDATORY. WRITE "NA" IF ANY CLAUSE IS NOT APPLICABLE OR NOT RELEVANT TO THE CANDIDATE.
5. PLEASE SIGN ON ALL THE PAGES OF THE APPLICATION FORM.

1		Applicant's Name in full (in Block Letters)	
2		Father's / Husband's Name	
3		Mother's Name	
4		Sex (Male / Female)	
5	a)	Date of Birth (Date / Month / Year) Both in figures & in words	
	b)	Present Age (As on last date of Application i.e. 14.08.2023)	_____ Years _____ Months _____ Days
6	a)	Category: - (a). UR (b). SC (c). ST (d). OBC (Non-Creamy Layer)	Category _____ Category Certificate No. _____ Issue Date _____ Name/Designation of the issuing Authority _____ _____
	b)	PwD Please mention type of disability as (a), (b), (c), (d) or (e) as per the advertisement. Refer Para-E on Page No. 10 of the advt.	_____ YES _____ NO If YES, Type of Disability _____ % of Disability _____ Disability Certificate No. _____ Issue Date _____ Name/Designation of the issuing Authority _____ _____
	c)	ESM	_____ YES _____ NO If YES, Period of Military Service _____ _____ Defiance Organization Served _____ _____

	d)	EWS	<p style="text-align: center;">_____ YES _____ NO</p> <p>If YES, provide following details: Family's (Self/Parents etc.) Gross Annual Income from all the Sources _____ Agricultural Land (acres) in possession _____ Residential Flat in possession _____ (Qty.) _____ _____ Area in Sq. ft. _____ Residential Plot in possession _____ (Qty.) _____ Area in Sq. yards _____ Location of Plots _____ _____ _____</p>
7	a)	Postal Address (Present)	
	b)	Permanent Address	
	c)	Email Address (it should be active)	
	d)	Mobile No./Telephone No. (it should be active)	
	e)	Nationality	
8		Marital Status (Married/ Unmarried / Divorced), If Divorced, indicate whether legally separated.	

9. Educational / Technical / Professional Qualifications: (Enclose a separate sheet if space is not sufficient) – **Enclose self-attested copies of all document.**

Examination Passed	Roll No.	Year of Passing	Name of the Board/University	Percentage Obtained	Subjects Studied
Xth / (HSC)					
XIIth / Intermediate					
Diploma					
Bachelor's Degree					
Master's Degree					
Computer Course					
Other Qualifications					

10. (a) Do you possess Computer Skills (**Tick any one**): YES NO.

(b) If YES, Mention your Computer Skills in brief:-

11. Details of previous service/experience in **regular posts in government organizations** (Chronologically starting from the Present Employer). Enclose a separate sheet if space is not sufficient-**Enclose self-attested copies of all document.**

Name & Address of the Employer/ Organization	Period		Name of the Post	Scale of Pay drawing (as per 6 th / 7 th CPC) and Basic Pay	Nature of Duties performed
	From	To			

12. Details of previous service / experience **in case of candidates who worked on CONTRACT BASIS other than ICMR and ICMR's Projects:** (Chronologically starting from the Present Employer). Enclose a separate sheet if space is not sufficient - **Enclose self-attested copies of all document.**

Name & Address of the Employer/ Organization	Period		Name of the Post	Consolidated Emoluments (Rs.)	Nature of Duties performed
	From	To			

13. Details of previous service / experience **in case of candidates who are continuously working in the ICMR Funded Projects:** (Chronologically starting from the Present Employer). Enclose a separate sheet if space is not sufficient - **Enclose self-attested copies of all document.**

Name of the Institute	Period		Name of the Post	Consolidated Emoluments (Rs.)	Name of the ICMR funded Project	Nature of Duties performed
	From	To				

14. References: - These should be person, resident of India and holder of responsible position and not to be related to the Applicant. (Name, Designation and contact address details including email and phone/mobile number).

1.
2.

15. (a). Are you still working in any of the ICMR's project: _____ YES _____ NO

(b). If YES, provide following details: -

Name of the Institute	Date of Joining in the Project	Name of the Project	Post held and Salary Drawn	Nature of Duties

16. Additional Information, If any:

DECLARATION: -

I affirm that information given in this application is true and correct to the best of my knowledge and belief and no related information has been concealed. I also fully understand that if at any stage it is found that any attempt has been made by me to willfully conceal or misrepresent the facts, my candidature may summarily be rejected and employment be terminated. Further, I also understand that in case of any willful concealment or misrepresentation of the facts by me, ICMR - NARFBR may take any legal action against me and I may also be debarred from appearing in any of the examinations for regular as well as the regular/contractual posts at ICMR - NARFBR, Hyderabad.

(Signature of the applicant)

ICMR - NATIONAL ANIMAL RESOURCE FACILITY FOR
BIO-MEDICAL RESEARCH
GENOME VALLEY, HYDERABAD – 500 101

PART-II

I have also satisfied myself that I am eligible for the post applied in all respects and fulfill all the eligibility criteria as mentioned in the Vacancy Notification. I understand that in case, at any stage of recruitment or thereafter, it is found that I do not fulfill the required qualification or is otherwise not eligible, my candidature may be cancelled without assigning any reason or notice thereof to me irrespective of my marks obtained in the written test.

(Signature of the applicant)

Date _____

Place _____

**ICMR-NATIONAL ANIMAL RESOURCE FACILITY FOR
BIO-MEDICAL RESEARCH
GENOME VALLEY, HYDERABAD, 500 101.**

ADMIT CARD FOR TECHNICAL POSTS

Name of the Candidate: _____

Roll No. /Application No.
(To be filled in by the Office) : _____

Name of the Post Applied For: _____ Post Code: _____

Sex: _____ Category: _____

Examination Centre: -
(To be filled in by the Office)

Correspondence Address of the Candidate: -
(To be filled in by the Candidate in CAPITAL LETTERS only)

Signature of the Candidate.....

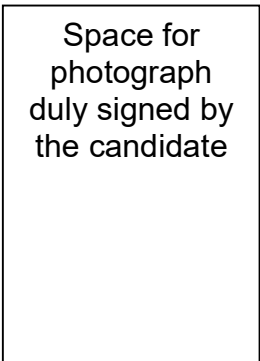
(To be signed before the invigilator in the Examination hall)

Name of the Invigilator

Signature of the Invigilator.....

Note: - The following items would not be allowed in the examination hall: - Smart Watch, Mobile, Ear Plug, Instrument Boxes, Electronic Cameras/ Pen Drive or any other such electronic items etc.

You must bring this letter/admit card along with an original valid photo identity proof with you at the time of written exam after affixing your passport size photograph at the space given in the Admit Card failing which you will not be allowed to appear in the written examination.



Administrative Officer