Indira Gandhi Medical College & Research Institute

(A Government of Puducherry Institution functioning under Perunthalaivar Kamaraj Medical College Society)
Vazhudavur Road, Kathirkamam, Puducherry – 605 009
Telephone: 0413-2277545 - Fax: 0413-2277289 -Email: puducherrymedicalcollege@gmail.com

F. No.2405/IGMCRI/Estt./A1/2026/ 3612 **dated** 12 NOV 2026

NOTIFICATION

Applications are invited in the prescribed proforma from eligible officers for filling up the post of Finance Officer in Indira Gandhi Medical College & Research Institute (IGMCRI), Puducherry, **on DEPUTATION BASIS**, subject to the Recruitment Rules and the terms and conditions specified in this notification.

Name of the Post, Pay Level and Essential Eligibility Criteria	No. of Posts
Finance Officer PB-3 Rs. 15600-39100 + 7600 Grade Pay (Level-12 as per 7th CPC) **Eligibility Criteria for Deputation:** Officer under the Central / State Government / U.T. Government / Universities / Statutory / Autonomous Bodies or Research Development organization holding analogous posts or with at least 5 years of service in the post in the grade pay of Rs. 6600.	1

2. How to Apply

The officers who fulfill the above eligibility criteria may submit their applications in the prescribed proforma at **Annexure – 1 through the proper channel** to the Director, Indira Gandhi Medical College & Research Institute (IGMCRI), Kathirkamam, Puducherry – 605 009, so as to reach the Institute within 30 days from the date of publication of advertisement. The envelope containing the application should be superscribed: "APPLICATION FOR THE POST OF FINANCE OFFICER ON DEPUTATION BASIS AT IGMCRI". Applications received after the due date or not forwarded through the proper channel of the parent employer will not be considered.

3. General Conditions:

a) While forwarding their applications, it may be ensured that the particulars of the candidates are verified and that they fulfill the eligibility conditions. Duly attested photocopies of their up to date APAR/Confidential Reports (at least for the latest 05 years) may also be enclosed with the applications. It may also be clearly stated that no vigilance / disciplinary proceedings is pending or contemplated against the candidates concerned. Applications without vigilance clearance certificate and APAR/CR Dossiers will not be considered.

b) The deputation will be governed by the standard terms and conditions of deputation provided under Department of Personnel & training's O.M.No.06/08/2009-Estt.(Pay II) dated 17.06.2010, as amended from time to time.

DIRECTOR (I/c)
IGMCRI, Puducherry

ANNEXURE – I

Indira Gandhi Medical College & Research Institute

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Vazhudavur Road, Kathirkamam, Puducherry – 605 009
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APPLICATION FOR THE POST OF _____
ON DEPUTATION BASIS AT IGMCRI, PUDUCHERRY

1.	Name and present address in block letters:		Affix here recent passport-size photograph
2.	Father's Name		
3.	Date of Birth (DD/MM/YYYY)		
4.	Aadhaar Number		
5.	Date of entry into service		
6.	Designation (name of the post held currently)		
7.	Name of the Office/Institution/Organization where presently working		
8.	Date of retirement under Central/State Government Rules		
9.	Educational Qualification	i)	
		ii)	
		iii)	
		iv)	
		v)	
10.	Whether eligibility conditions prescribed for deputation is fulfilled.		

11.	Please state clearly whether, in the light of entries made above, you meet the requirements of the post. **Note:** The borrowing Department shall provide specific comments/views confirming the relevant essential qualification/work experience possessed by the candidate, with reference to the post applied for.	

12. Details of employment (in chronological order). Enclose a separate sheet, duly authenticated by your signature, if the space below is insufficient.

Sl. No.	Name of Organization / office / institution (Central/State Govt., UT, PSU etc.)	Organization type (Central Govt. / State Govt. / UT / PSU etc.)	Post held	Duration of the Post held		Total length of experience (Years/Months/ Days)	grade pay / scale of pay	Nature of duties;
				From	To			
1								
2								
3								
4								
5								
Total work experience in required grade pay:				_____ Years _____ Months _____ Days				

13.	Nature of present employment (Ad hoc / Temporary / Quasi-permanent / Permanent):	

14.	In case, the present employment is held on deputation/contract basis, please state: a) Date of initial appointment: b) Period of appointment on deputation/ contract: c) Name of the parent office/Organization to which you belong: Note: In case of officers already on deputation, the application should be forwarded by the parent cadre/department along with cadre clearance, vigilance clearance and integrity certificate.	

15.	Additional details about present employment. Please indicate the applicable employer: a) Central Government b) State Government c) Autonomous Institution/Organization d) Government Undertaking e) University		
16.	Are you in the revised scale of pay? If yes, state the date from which revision took place and indicate the pre-revised scale.		
17.	Total emoluments per month now drawn		
	Basic Pay	Pay Level / Grade Pay	Total Emoluments
18.	Present pay and date from which the present pay is drawn:		
19.	If the applicant belongs to an Organization not following Central Government pay scales, enclose the latest salary slip showing the following details:		
	Basic pay with scale of pay and rate of increment	Dearness pay / allowances / interim relief / other allowances (with break-up)	Total emoluments
20.	Additional information, if any, in support of suitability for the post. Enclose a separate sheet if space is insufficient:		
21.	Whether belongs to SC/ST/OBC (if yes, please specify)		

22	**Contact numbers and e-mail ID:**	
	I. Office	**II. Residence**
	Mobile:	**Mobile:**
	Email address:	**Email address:**
23	If selected, specify the minimum required joining time:	
	Signature of the Candidate:	Candidate's Address:
	Date:	
	Countersigned:	
		Office Address: E-mail:

CHECK LIST

Sl. No.	Particulars	Yes / No
1	Whether application is forwarded through proper channel?	
2	Whether No Objection Certificate is attached?	
3	Whether attested copies of up-to-date APARs for the last 05 (five) years are attached?	
4	Whether Vigilance Clearance Certificate is attached?	
5	Whether statement of minor and major penalties imposed, if any, is attached?	

Name of the Applicant: _____ Signature of the Applicant: _____

NOTE: Applications not forwarded through proper channel and applications without vigilance clearance and complete CR dossiers will not be considered.

DECLARATION

I solemnly declare that all statements made in this application are true, complete and correct to the best of my knowledge and belief. I understand and agree that, in the event of any information being found false, incomplete or incorrect, or any ineligibility being detected at any time before or after selection/interview, my candidature is liable to be rejected and I shall be bound by the decision of the competent authority, IGMCRI, Puducherry.

Place: _____

Date: _____

(Name and Signature of the Applicant)

CERTIFICATE BY THE EMPLOYER / CADRE CONTROLLING AUTHORITY

The information/details provided in the above application are true and correct as per the facts available on records. This Department/Institution/Organisation has no objection to his/her application being considered for the post of _____ on deputation basis at Indira Gandhi Medical College & Research Institute (IGMCRI), Puducherry. He/She possesses the educational qualifications and experience mentioned in the vacancy circular. If selected, he/she will be relieved immediately.

Also certified that:

i) There is no vigilance or disciplinary case pending / contemplated against Shri/Smt. _____, working as _____, in this Department/Organisation/Institution/University and no major or minor penalty was imposed on him/her during the last 10 years..

ii) His/Her integrity is beyond doubt.

iii) His/Her ACRs/APARs dossier in original for the last five years are enclosed and photocopies of the same duly attested, are also enclosed.

Signature (with seal):

Name:

Designation:

E-mail:

Telephone No.:

Official Seal:

Place: _____

Date: _____