

F.No-21/4/2015-CS.I (P)
Government of India
Ministry of personnel, Public Grievances & Pension
Department of Personnel & Training

Lok Nayak Bhawan, New Delhi
Dated 23rd August 2016

OFFICE MEMORANDUM

Subject:- Filling up of posts of Deputy Secretary (Admn & A/cs) in Lalit Kala Akadami, New Delhi-regarding.

A vacancy circular vide Gov. mail dated 10.08.2016 received from Ministry of Culture on the subject cited above is circulated for information of all CSS officers.

2. It may be noted that Cadre clearance from CS.I Division will be required in case of Under Secretary and above level officers of CSS applying for deputation.



(Raju Saraswat)

Under Secretary to the Government of India

Tel:-24629412

To

All Ministries/Departments (through Website of DOP&T)



**LALIT KALA AKADEMI
RABINDRA BHAVAN, COPERNICUS MARG
NEW DELHI**

Lalit Kala Akademi (The National Academy of Art), an autonomous organisation under Ministry of Culture, Government of India, invites applications from eligible candidates for the post of **Deputy Secretary (Administration & Accounts)** on deputation basis, Group 'A', PB-3, in the pay scale Rs. 15600-39100 with Grade Pay 6600 (Non gazetted) plus allowances admissible under the rules to Central Govt. Employees as under:

Qualification:

- a) A University Degree or an equivalent recognized qualification.
- b) 8 years experience in Accounts and Administration in a senior capacity, preferably in Government or Government Undertaking or autonomous organizations following rules similar to those in Government.

Desirable:

Graduate in commerce with at least 3 years experience of working in an organization engaged in the promotion of Visual & Plastic arts and with knowledge of using computers in work.

Age for Direct Recruitment:

Below 45 years (relaxable upto a maximum of five years/ in case of candidates working in Govt. /autonomous organization).

Period of Deputation:

Period of deputation ordinarily will not exceed three years and in any case will not exceed 5 years.

The application, complete in all respects comprising of self attested copies of certificates mentioning the full particulars in the given format at Annexure-I, superscribing on the envelop, the post applied for, should reach the Secretary, Lalit Kala Akademi, 35, Ferozeshah Road, Rabindra Bhavan, New Delhi — 110 001 by 30.08.2016. The application should be supported with last 5 years ACR dossiers duly attested.

Application incomplete, in any manner and received directly or received after the last date stipulated for submission of application or without ACR dossiers, vigilance clearance integrity certificate etc. will not be considered .

(The application form alongwith other details are available on the Akademies website www.lalitkala.gov.in .)

Last date of receipt of application is 30.08.2016

**Secretary
Lalit Kala Akademi**

ANNEXURE-I

FORMAT

1. Name
2. Date of Birth
3. Permanent Address/Address for communication
4. Educational Qualifications
5. Particulars of the post held
6. Post held on regular basis (with scale of pay and date of appointment)
7. Nature of appointment to the present post (whether on deputation/ad-hoc basis)
8. Scale of pay of the present post held
9. Date of return from the last ex-cadre post, if any
10. Particulars of past experience
11. Details of experience (in brief)
12. Any other relevant information
13. Official Address

Date:

Place:

Signature of Applicant

Certificate (in case of candidate working in Govt. /autonomous organizations)

To be filled by the authority forwarding the application)

1. Certified that the particulars furnished by the candidate have been checked from available records and found correct.
2. Certified that it has been verified that the candidate is eligible as per the conditions mentioned above.
3. No vigilance case is either pending or being contemplated against the candidate. There is nothing in the ACR dossier of the candidate which makes him/her ineligible for consideration for appointment for the post applied for.
4. Up-to-date ACR dossier of the candidate is enclosed.

**Signature
Designation**

Office Address, Telephone No.