

प्रधान महालेखाकार का कार्यालय (लेखा एवं हक), आन्ध्र प्रदेश, हैदराबाद - 500 004

OFFICE OF THE PRINCIPAL ACCOUNTANT GENERAL (A&E) ANDHRA PRADESH, HYDERABAD - 500 004.

PAG (A&E)/AP/Admn.I/U-V//2021-22/

Date: 17-06-2021

NOTICE

Applications are invited from eligible officials who are willing for appointment as **Welfare Assistant** (Ex-cadre deputation post) in Level-8 of Pay Matrix in the office of the Principal Accountant General (A&E), Andhra Pradesh. The period of deputation will initially be for one year and the continuance in the ex-cadre posts will be based on the performance of the official subject to sanction for continuance of the posts by Headquarters.

Eligibility Criteria:

- (i) Senior Accountants with not less than three years of service in the Pay Matrix Level-6 as on 01.01.2021 and Assistant supervisors in the Pay Matrix Level-7.
- (ii) The officials should possess three (3) years of experience in the field of Welfare or Community activities, Housekeeping, Sports and Cultural Activities, Personal Administration including settlement of Personal claims etc.
- (iii) The maximum age limit for appointment by deputation shall not exceed 56 years as on 01.01.2021.

Period of deputation including period of deputation in another-ex-cadre post held immediately preceding this appointment in the same or some other organization or Department of the Central Government shall ordinarily not to exceed three years.

The officials fulfilling the above requirements may submit their application to Admn-I on or before 30-06-2021 in the proforma given in the Annexure.

Deputy Accountant General (Admn.)

To ALL IA&AD offices as per mailing lish.

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: 040 - 23236810 - 19

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website

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Application for the ex-cadre deputation post of Welfare Assistant

1.	Name of the Applicant:
2.	Designation:
3.	Date of Birth:
4.	Date of appointment in the Department:
5.	Date of appointment to the present cadre:
6.	Details regarding Welfare/Sports/ Cultural/Community/House Keeping Activities with supporting documents (if any):
7.	Any other information which the applicant wishes to furnish:
	Signature of the applican
	Designation: Section: Personal No.: Mobile No: