कार्यालय महालेखाकार, गोवा Office of the Accountant General, Goa

'ऑडिट भवन', अल्तो परवरी, गोवा -403521

'Audit Bhavan', Alto Porvorim, Goa – 403 521 Tel (D) 0832-2416112 Fax 2416228 EPABX 2416224/25

No. AG/Goa/Admn/Deputation to this office 2021-22/296

Date: - 10 1 DEC 2021

To,

All Heads of the Department

(as per mailing list)

Subject: Filling up of vacancies in the post of Welfare Assistants-Extension of last date of receipt of applications.

Sir/Madam,

With reference to this office Circular No. AG/Goa/Admn/Deputation to this office 2021-22/94 dated 06/08/2021 (copy enclosed) on the subject cited above, it is to inform that the last date for receipt of application is extended till 31/12/2021.

Dy. Accountant General

Encl: as above



कार्यालय महालेखाकार, गोवा Office of the Accountant General, Goa 'ऑडिट भवन', अल्तो परवरी, गोवा -403 521 'Audit Bhavan', Alto Porvorim, Goa – 403 521 Tel (D) 0832-2416112 Fax 2416228 EPABX 2416224/25

Date: -06/08/2021

No. AG/Goa/Admn/Deputation to this office/ 2021-22/94 To.

All Heads of the Department

(as per mailing list)

Subject: Filling up the post of Welfare Assistant on Deputation basis-reg.

Sir/Madam,

One (01) post of welfare Assistant in the Pay Level 8 (Pay range 47,600-1,51,00) is proposed to be filled on deputation basis in the Office of Accountant General, Goa. The Eligibility criteria for appointment to the post on deputation basis are as under:-

- 1. Officials of the Central Government holding analogous posts on regular basis or equivalent in the present cadre or department (or)
- 2. Officials of the Central Government with three years' service in the grade rendered after appointment thereto on a regular basis at Level 6 or 7 or equivalent in the parent cadre or department. (and)
- 3. Officials possessing three years' experience in the field of welfare or community activities. housekeeping, sports and cultural activities, personnel administration including settlement of personal claims *etc*.

The period of deputation including the period of deputation in another ex- cadre post held immediately preceding this appointment in the same or some other organization/department of the Central Government shall ordinary not exceed seven (7) years. The maximum age limit for appointment by deputation shall not be exceeding 56 years as on closing date of receipt of applications.

The eligible and willing persons may submit their application in the attached proforma for consideration for appointment as Welfare Assistant in the Office of Accountant General, Goa on deputation latest by 03/09/2021 through proper channel. The application must be supported with details of welfare activities done by them and their experience certificate so that their aptitude for the post may be judged. Applications/Willingness received after the last date shall not be entertained. This may be kept in view while forwarding the Application/Willingness of the officials concerned.

Head of the offices are also requested that attested copies of APAR's for the last five (5) years and disciplinary/ Vigilance clearance certificate may also be provided/ furnished along with the application forms of the willing officials.

Dy. Accountant General

OFFICE OF THE ACCOUNTANT GENERAL, GOA

BIO-DATA

Latest Passport Size Photo	

1.	Name in full (Shri/Smt./Ms.)	:
	(In capital letter)	
		:
2.	Present Post held	
3.	Date of continuance/ Appointment in present post	•
4.	Permanent Address	
5	Present Address	
6.	Date of Birth	<u>; </u>
7.	Qualifications	:
	(i) Educational	
	(ii) Professional	
8.	Office to which the applicant belongs	
	(i) Parent Office	
	(ii) Present Office	
9.	Whether belongs to SC/ST/Neither	<u>:</u>
10.	Date of entry into Government Service	<u>:</u>
11.	Date of entry in IA&AD	<u>: </u>
13.	Proficiency in Computers	:
	(Detail may be given)	
14.	Present Pay and Pay Level	:
15.	Description of Experience in the field of Welfare or	:
	Community Activities. House Keeping, Sports and	
	Cultural Activities, Personnel, Administration	
	including settlement of personnel claims etc.	
16.	Mobile Number and official email ID/Email ID	:
17.	Any other relevant details	

Date:	
Place:	

(Signature of the applicant)

Signature of the Head of the Department (with stamp)