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#### Email

Mon, May 29, 2023 03:01 PM

### [Cag-all-offices] Filling up vacancy of Welfare Assistant on deputation basis in Oo the **Principal Accountant General, Goa**

From : AG AU Goa <agaugoa@cag.gov.in>

Subject : [Cag-all-offices] Filling up vacancy of Welfare Assistant on deputation basis in Oo the Principal Accountant General, Goa

To: CAG-ALL-OFFICES < CAG-ALL-OFFICES@lsmgr.nic.in>

Sir/Madam,

Please find the attachment regarding 'Filling up vacancy of Welfare Assistant on deputation basis in Oo the Principal Accountant General, Goa'

Thanking You

Office of the Principal Accountant General (Goa) Audit Bhavan, Alto Porvorim, Goa - 403521.

CAG-ALL-OFFICES mailing list -- cag-all-offices@lsmgr.nic.in To unsubscribe send an email to cag-all-offices-leave@lsmgr.nic.in

#### Filling up vacancy of Welfare Assistant on deputation basis in Oo the Principal Accountant General, Goa.pdf 223 KB

@1 attachment



No. PAG/Goa/Admn/Deputation to this office/2023-24/55 कार्यालय प्रधान महालेखाकार. गोवा Office of the Principal 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 Email: agaugoa@cag.gov.in

Date: - 26/05/2023

## To, All Heads of the Department

(as per mailing list)

# Subject: Filling up vacancy of Welfare Assistant on deputation basis in O/o the Principal Accountant General, Goa.

### Sir/Madam,

Applications are invited to the post of Welfare Assistant in this office on deputation basis on usual terms and conditions as stipulated in DOPT OM No. F.No.2/6/2016-Estt.(Pay-II) dated 22.04.2016 as amended from time to time.

2.	The Eligibility criteria	a for deputation are as under:-

SI. No.	Name of the Post and vacancies		Eligibility/Experience
1.	Welfare Assistant (01)	8	<ol> <li>Holding analogous posts on regular basis in the parent cadre or Department.</li> <li>Assistant Supervisor/Senior Auditors/Senior Accountants/Personal Assistants in the department with five years regular service in the grade.</li> <li>Auditors/ Accountants/ Stenographers with nine years regular service in the grade.</li> <li>Possessing three years' experience in the field of welfare or community activities, housekeeping, sports and cultural activities, personnel administration also including settlement of personal claims etc.</li> <li>Desirable Qualification: Participation in sports and cultural activities and aptitude for welfare activities.</li> </ol>

The deputation will be initially for a period of one year extendable on annual basis subject to 3. administrative convenience.

- as per his/her parent office any time The official can be repatriated to 4. administrative convenience.
- The age of the willing officers/officials should not exceed 56 years as on the date of issue of 5. this circular.
- Deputed officers/officials will be entitled for deputation allowance as applicable in accordance 6. with the relevant instructions of DoPT as amended from time to time.
- Candidates selected for deputation will be liable to be posted anywhere under the cadre 7. controlling authority of this office.

Application of the willing candidates along with bio data, vigilance clearance certificate, Integrity Certificate and attested copies of APARs for the last 05 years may be forwarded to this office, through proper channel on or before 30/06/2023.



Dy. Accountant General

Encl: Biodata form

## (ANNEXURE) BIO-DATA

Latest Passport Size Photo

1.	Name in full (Shri/Smt./Ms.)	:	
	(In capital letter)		
2.	Present Post Held	:	
3.	Permanent Address	:	
4.	Present Address	:	
5.	Date of Birth	:	
6.	Qualifications	:	
	(i) Educational		
	(ii) Professional		
7.	Office to which the applicant belongs	:	
	(i) Parent Office		
	(ii) Present Office		
8.	Whether belongs to SC/ST/Neither	:	
9.	Date of entry into Government Service	:	
10	THO AD	:	
11	Date of passing SAS (Civil Audit)		
	(Com A gett Audit Officer post)	+:	
1			
12	<ol> <li>Proficiency in Computers</li> <li>(Details may be given)</li> </ol>		
1	3. Present Pay and Pay Level		:
	4 Details of MACP (I, II or III), if Any granted	1	:
	and date of grant of MACP	-	:
			:
1	6. Any other relevant details		

Date: Place:

(Signature of the applicant)

Signature of the Head of the Department (with stamp)