

INDIAN COUNCIL OF MEDICAL RESEARCH, NEW DELHI
APPLICATION FOR DEPUTATION ON FOREIGN SERVICE TERMS AND OUTSIDE EMPLOYEMENT

1.	Name of the Officer (in Block Letters)	
2.	Address in Block Letters Including Contact number	
3.	Name of the Institute	
4.	Present Designation of the employee	
5.	Pay Level & Pay	
6.	Date of Birth	
7.	Date of Retirement	
8.	Present assignment at the Institute	
9.	Name of the Organization to which deputation/employment is sought	
10.	Designation of post applying / Post on deputation	
11.	Pay Level	
12.	Initial period of deputation sought	
13.	Proposed date of proceeding on deputation	
14.	Whether submitted the self Annual Immovable Property Returns regularly	
15.	Whether submitted the Self Annual Performance Appraisal Report regularly	
16.	Does the officer submitted all the Annual Performance Appraisal Report of his/her staff working/worked under him/her	
17.	Any other relevant information	

Signature of Officer _____

Name of Officer _____

Certificate to be furnished by the Institute/Forwarding Authority

1.	Efforts made to select a suitable replacement for the Officer	
2.	How his/her absence shall be compensated in the Institute to carryout the obligations uninterruptedly	
3.	What is the specific public interest involved in the proposed deputation	
4.	Disciplinary /Vigilance clearance against him/her	
5.	His / her integrity is beyond doubt	
6.	Major/Minor penalties imposed on him/her during the last 10 years. List of major/minor penalties imposed, if any, on him/her during the last 10 years is enclosed	
7.	Certify that the data provided above are correct, as per officials records	

Head of the Division

Recommendations of the Director of the Institute:

Signature of the Director with seal (Rubberstamp)

Date :

Place :