## OFFICE OF THE COMPTROLLER AND AUDITOR GENERAL OF INDIA, NEW DELHI.

No. 929 –Staff (App)-I/05-2021/Vol.I Dated: 02 /07/2021

To

- 1. All the Heads of Department in IA&AD
- 2. Director (P).

Subject: Filling up the posts of Assistant on deputation basis- regarding.

Sir / Madam.

I am directed to intimate that the Telecom Regulatory Authority of India (TRAI), New Delhi invites applications for filling up Assistant post on deputation basis. Maximum age limit for appointment by deputation shall not exceed 56 years as on the closing date of receipt of applications.

02. The eligibility conditions are as under:-

S.	Name of the post	Level in	Eligibility/experience
No.		pay matrix	
1.	Assistant	Level-6	Sr. Auditor/Sr. Accountant

- 03. In this regard, it is requested to kindly recommend the names of eligible officials who are willing and can be spared immediately in the event of their selection for above mentioned posts on deputation basis. The recommendations accompanied with the following documents / certificates may kindly be sent to the <u>Asstt. Comptroller and Auditor General (N)-I latest by 30/07/2021</u>.
- i. Bio-data (2 copies) in the enclosed prescribed proforma;
- ii. Photocopies of complete and up to date ACR/APARs for the last 5 years duly attested on each page and
- iii. Integrity Certificate / Vigilance Clearance Certificate and statement of major/minor penalty during last 10 years.
- 04. The candidate once selected for the post will not be allowed to withdraw his/her candidature subsequently.
- 05. While forwarding the recommendations the Sanctioned Strength, Person-in-Position and vacancies in Sr. Auditor/Sr. Accountant cadre may specifically be indicated in the forwarding letter.

Yours faithfully,

Encls:-As above.

R K Tiwari)

Sr. Administrative Officer/Staff (App)-I

## APPLICATION FOR THE POST OF IN HEAD QUARTER OF T.R.A.I.

10.

11.

the post

Passport Size
photograph
duly attested by
the present
employer

						_			
1.	Name of applicant with Complete Office Address, e-mail & Telephone No. (in Block letters)				•••	•••		·	
2.	Residential Address with Phone No.				•				
3.	Date of Birth (in Christian era)								
4.	Whether belongs to SC/ST								
5.	Date of retirement under Central/State Govt. Rule			Rules		•••			
6.	Educational Qualifications					***	•••		
7.	Whether belongs to Organised Gr. A Service If Yes, then mention Name of Service and Batch			ch	Yes/No				
8	Whether Educational and other qualifications required for the post are satisfied (If any qualification has been treated as equivalent to the one prescribed in the rules, state the authority for the same)								
-		:	Qualification/ Experience required	Qualifi by the		_	rience po	ssessed	
Essen	tial	(1)				,-			
		(2)							
	***	(3)							
9.			on regular (i.e. substantive) basi	s and the	date				

Please state clearly whether in the light of entries made by you above, you meet the requirements of

Details of Employment, in chronological order, enclose a separate sheet, duly authenticated by your signature, if the space below is insufficient

Orgn.		duties						
12.	Nature of present employment, i.e temporary or permanent		•••	•••				
13.	In case the present employment is deputation/contract basis, please s							
	<ul><li>a) The date of initial appointment</li><li>b) The period of appointment</li></ul>		•••	•••	•••			
	contract c) Name of the parent office/o which you belong	organization to		•••				
14.	Training/Courses attended			•••	. •••			
15.	Additional details about your pres Please state whether working under							
	a) Central Government		•		•••			
	b) State Government		• • •					
	c) Autonomous Organizations	3	•••	• • •	• • •			
	d) Government Undertakings			• • •				
	e) Universities			•••				
16.	Are you in Revised Scale of pay? date from which the revision took indicate the pre-revised scale		·					
		•		•				
17.	Total emoluments per month now	drawn	•••	•••	•••			
18.	Additional information, if any, what like to mention in support of your the post. Enclose a separate sheet insufficient.	suitability for						
19.	Remarks			•••	•••	•••		
Date:				(SIG	NATU	RE)		
	Mobile No							
refere	Certified that the service particula nce to service records and found to		plicant a	re veri	fied wi	th		

Signature with seal of the Competent Authority