



Employment News

WEEKLY



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“बेटी बचाओ बेटी पढ़ाओ”

Government of India

All India Institute of Physical Medicine and Rehabilitation Mumbai- 400034

Notification

Applications are invited to fill up one post of **Assistant Workshop Manager**, Gr. 'B', Non-Gazetted post in level-7 (Rs. 44900-142400) at AIIPMR, Mumbai by mode of Promotion/Transfer on deputation.

Departmental Accountant with three years service in the grade, failing which the Departmental Accountant with 3 years combined regular service in the grades of Accountant and Office Superintendent will also be considered for appointment to the post. In case she/he is selected for appointment, the same shall be deemed to have been filled by promotion.

Last date of receiving applications is within 60 days of publication of the advertisement in the Employment News.

For more details please visit Institute's website:
www.aiipmr.gov.in

भारत सरकार / Government of India
स्वास्थ्य एवं परिवार कल्याण मंत्रालय / Ministry of Health and Family Welfare
स्वास्थ्य सेवा महानिदेशालय / Directorate General of Health Services

अखिल भारतीय भौतिक चिकित्सा एवं पुनर्वास संस्थान
ALL INDIA INSTITUTE OF PHYSICAL MEDICINE AND REHABILITATION
हाजी अली, के. के. मार्ग, महालक्ष्मी, मुम्बई – 400 034.
Haji Ali, K.K.Marg, Mahalaxmi, Mumbai – 400 034.

It is proposed to fill up Gr. 'B' Non-Gazetted post (One) of **Assistant Workshop Manager** by Promotion/ Transfer on deputation in All India Institute of Physical Medicine and Rehabilitation, Mumbai. The particulars of the post and other requirements are as follows: -

| | | | |
|----|-----------------------------------|---|---|
| 1. | Name of the post | : | Assistant Workshop Manager |
| 2. | No. of post | : | 01 post – Gr. 'B' (Non-Gazetted) |
| 3. | Scale of pay | : | Level 7 (44900-142400) |
| 4. | Method of Recruitment | : | Promotion / Transfer on Deputation |
| 5. | Eligibility to apply for the post | : | <u>TRANSFER ON DEPUTATION:</u> (1) Officers under Central Government or State Government - (a) (i) holding analogous post; or (ii) with 3 years service in the posts in the scale of Level 6 (GP 4200) or equivalent; or (iii) with 8 years service in posts in the scale of Level 5 (GP 2800) or equivalent and (b) Possessing experience in administration, establishment and accounts matters. Note: The departmental Accountant with three years' service in the grade, failing which the departmental Accountant with 3 years combined regular service in the grades of Accountant and Office Superintendent will also be considered and in case if he is selected for appointment to the post, the same shall be deemed to have been filled by Promotion. |
| 6. | Period of deputation | : | Not exceeding 3 Years. |
| 7. | Age Limit | : | The maximum age limit shall not exceed 56 Years as on the closing date of receipt of applications. |

Applications in the prescribed format giving full details along with bio-data may be forwarded through proper channel to the Director, All India Institute of Physical Medicine & Rehabilitation, Haji Ali, K. Khadye Marg, Mahalaxmi, Mumbai – 400 034, within 60 days of publication of the advertisement in the Employment News.

Sd/-

Director

**ALL INDIA INSTITUTE OF PHYSICAL MEDICINE AND REHABILITATION
MUMBAI – 400 034.**

APPLICATION FOR THE POST OF

1. Name in Full (Capital letters) :
2. sex :
3. Age & Date of Birth :
4. Whether belong to SC/ST/OBC/PH :
(Community certificate in the prescribed form
for claiming reservation/age relaxation benefits
for post in the Central Govt.to be attached)
5. Nationality :
6. Address for Communication with Tele.No :

7. Permanent Address :
8. Educational Qualification 10th onwards

| Name of Examination | Class/Division | Year of Passing | Institute/college attended | University |
|---------------------|----------------|-----------------|----------------------------|------------|
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9. Experience/details of employment in chronological order :

| Name of Employer | Designation | Pay Scale | Nature of Duties | Period of stay | | Last pay drawn | Reason for Leaving |
|------------------|-------------|-----------|------------------|----------------|----|----------------|--------------------|
| | | | | From | To | | |
| | | | | | | | |
| | | | | | | | |
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| | | | | | | | |

10. List of enclosures :

UNDERTAKING

I hereby declare that all the statements made in this application are true and completed to the best of my knowledge & belief. I understand that the department can take action against me in case, I am declared by them to be guilty of furnishing any wrong information or suppressing any facts.

Signature of Candidates