



भा0कृ0अनु0प0-राष्ट्रीय पादप जैवप्रौद्योगिकी संस्थान
लाल बहादुर शास्त्री भवन, पूसा परिसर, नई दिल्ली-110012
ICAR-National Institute for Plant Biotechnology
Lal Bahadur Shastri Building, Pusa Campus, New Delhi-
110012



Date: 04/06/2025

File No. 19-3/2013-NIPB/ 620/3

Computer No.: 199923

To,

The Director/Project Director of ICAR Research Institute/Project Director/NRCs/ATARIs

Sub: Filling up of Technical Post on Inter-Institutional Transfer basis at NIPB, New Delhi - reg.

Sir/Madam,

It is proposed to fill up the following vacant post of 10 post of Technical Assistant (T-3) and 02 post of Technical Assistant (T-1) on inter-institutional transfer basis at ICAR-National Institute for Plant Biotechnology, New Delh. The details of posts are as follow:-

Sl.No	Name of the Post	Functional Groups	No. of Post	Pay Level (Pay Bands & Grade Pay)	Essential Requirement/ Eligibility
1.	Technical Assistant(T-3)	Field & Farm Technician	10 (07 UR 03 OBC)	Level 5	Person holding analogous post i.e. Technical Assistant (T-3) at least 05 years services on regular basis in Pay Level-5 in any ICAR Units.
2.	Technician (T-1)	Field & Farm Technician	02 (UR)	Level 3	Person holding analogous post i.e. Technician (T-1) at least 05 years services on regular basis in Pay Level-3 in any ICAR Units.

Other terms & Condition for inter-institutional transfer shall be governed as laid down in the ICAR letter No. F.No. TS 19(01)/2002-Estt.IV, dated 19-03-2020 and .

It is requested that the above vacancies may be circulated amongst the eligible and desirous candidates working at your Institute/ Regional Stations. Application of those candidates, who fulfill the requisite eligible conditions and can be relieved immediately in the event of their selection, may kindly be forwarded to this Institute in the prescribed proforma enclosed herewith, along with -

(i) Attested copies of the APAR dossiers for the last 05 years.

[Signature]

OFFICE OF PROJECT DIRECTOR
DKMA, KAB-I, PUSA
Dy. No. 627/F
Dated. 10/06/2025

(ii) Vigilance Clearance Certificate and Integrity Certificate

(iii) A Statement of major/minor penalty, if any, imposed on the application during the last 05 years.

The last date of receipt of application is **4th July 2025**. Application received after last date of or otherwise incomplete are not likely to be considered. The Selection Committee/the Director, ICAR-NIPB. However, will reserve the right to accept / reject the application without assigning reason thereof.

Yours faithfully


(Sumit Singh)

Senior Admn. Officer

011-25843533

Enclosure: Annexure-I

Copy to:

- ✓ 1. The Project Director, DKMA, KAB-I, Pusa Campus, New Delhi – 110012 with the request to upload on ICAR's website and e-office notice board.
2. Incharge website, ICAR-NIPB, New Delhi with request to upload on Institute website.
3. PS to Director, ICAR-NIPB, New Delhi for information please.

APPLICATION PROFORMA FOR TECHNICAL ASSISTANT (T-3) CATEGORY-II (FUNCTIONAL GROUP FIELD & FARM TECHNISIAN) AT ICAR-NATIONAL INSTITUTE FOR PLANT BIOTECHNOLOGY, NEW DELHI (ON INTER-INSTITUTIONAL TRANSFER BASIS):

1.	Name of the applicant & (FMS No.)	
	Father's/Husband's Name	
2.	Gender: Male/Female	
3.	Date of Birth & Age	
4.	Name of ICAR Institute where applicant is working at present	
5.	Name of the post, category & functional group to which initially with date Present post held on regular basis with date of assessment promotion	
6.	Date of confirmation/post held substantively	
7.	Nature of duties performed (in brief)	
8.	Educational Qualification (Subjects studied at graduation level should be clearly mentioned)	Graduation Degree & Subject(s) Studied - Post Graduation - Other, if any -
9.	Whether belongs to UR/SC/ST/OBC/Physically handicapped & selected under with category (UR/SC/ST/OBC/PH)	
10.	Email Address (preferably ICAR email ID i.e @icar.gov.in) and Mobile No.	

11.	<p>Reason for transfer: (Pl. Specify- Max 100 words and attach necessary documents, if any)</p> <p>a. Spouse ground (Whether employed in State Gov./Central Gov./PSUs. If yes, please attach copy of self attested ID proof issued by the department where spouse is working).</p> <p>b. Medical ground (Self or any family members: Family as defined under CGHS/CS (MA) rules).</p> <p>c. Other (Give details)</p>	
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I do hereby declare that the particulars furnished by me are correct to the best of my knowledge and belief.

(Signature of the applicant)

Date: -----

It is certified that particulars furnished above have been verified from the service book and found correct and no disciplinary case is either pending or being contemplated against the official.

Signature of the Head of Office
(With Stamp)