

भारत सरकार / GOVERNMENT OF INDIA
स्वास्थ्य एवं परिवार कल्याण मंत्रालय /
MINISTRY OF HEALTH & FAMILY WELFARE
निदेशक का कार्यालय / OFFICE OF THE DIRECTOR
अखिल भारतीय स्वास्थ्य विज्ञान एवं जन स्वास्थ्य संस्थान /
ALL INDIA INSTITUTE OF HYGIENE & PUBLIC HEALTH
110, चित्तरंजन एवेन्यू / CHITTARANJAN AVENUE
कोलकाता/Kolkata-700073
Email:- director.aiihph@gov.in



E.8-1/2022

Dated: - 22/01/2026

Subject: Filling up the 06(Six) posts of UDC in AIH&PH, Kolkata by Deputation.

Applications are invited for filling up 06(Six) post of Upper Division Clerk, Grade in Level - 4 (25,500-81100) in the pay matrix on Deputation basis in the All India Institute of Hygiene & Public Health, Kolkata (Main Campus/2nd Campus/UHU&TC, Chetla/RHU&TC, Singur)

The eligibility conditions for applicants are as under:-

Officers of the Central Government-

- (i) holding analogous posts on regular basis; or
- (ii) with eight years regular service in the grade of Lower Division Clerk or equivalent in level 2 in the pay matrix (Rs.19900-63200).

Note 1:- The departmental officers in the feeder category who are in the direct line of promotion shall not be eligible for consideration for appointment on deputation. Similarly, the deputationists shall not be eligible for consideration for appointment by promotion.

Note 2:- Period of deputation including the period of deputation in another ex-cadre post held immediately preceding this appointment in the same or some other organisation or department of the Central Government shall ordinarily not exceed three years.

Note 3:- The maximum age-limit for appointment by deputation shall not be exceeding **fifty-six years** as on the closing date of receipt of application.

2. The terms and conditions of deputation will be governed by the DoP&T's OM No. 6/8/2009-Estt(Pay-II) dated 17 June 2010, as amended from time to time.

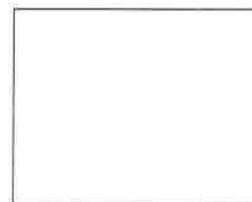
3. It is requested that the applications (in duplicate) duly completed in all respects in the enclosed Proforma along with the complete and up to date Confidential Reports/APARs for the preceding five years of the officers, who could be spared in the event of their selection duly countersigned by the employer may be sent to the office of the **Director, All India Institute of Hygiene & Public Health, 110, C.R. Avenue, Kolkata-700073, within 60 days** from the date of issue of this advertisement. Applications received after the last date or without the Confidential Reports/APARs or other wise found incomplete in any respect will not be considered. While forwarding the applications, it may be verified and certified that the particulars furnished by the officer are correct and that no disciplinary and vigilance case is pending or being contemplated against the officer. The details of major/minor penalties imposed on the officer during the last 10 years may also be furnished. Integrity of the officer may also be certified and 'NOC' from Cadre Controlling Authority may also be enclosed.

4. All Ministries/Departments are requested to circulate this vacancy circular to all Organizations, Universities, recognized Research Institutions, Public Sector Undertakings, Semi-Government or Statutory or Autonomous Organizations under their administrative control.

21271-275
Additional Director 22/01/2026
AIH&PH, Kolkata

All the Ministries/Depts of Government of India/All the Chief Secretaries of State Governments & Union Territories & All Section & Department of AIH&PH, Kolkata.

Application Form
(Proforma)



1. Application for the post of :- Upper Division Clerk
2. Place of posting applied for:- All India Institute of Hygiene & Public, 110, C.R Avenue, Kolkata-700073 (Main Campus/2nd Campus/UHU&TC, Chetla / RHU&TC, Singur).
3. Details

1	Name of the official					
2	Address					
3	Present Designation					
4	Category SC/ST/OBC/UR/EWS					
5	Present Office Address and Telephone number					
6	Age and date of Birth (in Christian era)					
7	Date of entry into Service					
8	Date of retirement under Central Government Rules					
9	Education Qualification					
10	Experience					
11	Details of Employment in chronological order					
	Office/Institution	Post held	Period		Revised pay as per 7 th CPC	Nature of duties (attach separate sheet if required)
			From	To		
12	Nature of present employment (Ad-hoc/ Temporary/Probationer/Permanent)					
	a) Whether cadre or ex-cadre post					
	b) Date of appointment to the present post					

13	Present basic pay and Level	
14	In case of present employment is held on deputation basis please state	
	a) The date of initial appointment	
	b) Period of appointment on deputation	
	c) Name of the present office/ Organization to which you belong	
15	Additional information, if any, which you would like to mention in support of your suitability for the post. Enclose a separate sheet, if the space is insufficient with signature	
16	Complete details of the cadre Controlling Authority/Parent Department of the candidates including full address and telephone number	

4. The information/details provided by me above are correct and true to the best of my knowledge and no material facts having on my selection has been suppressed/withheld.

Place
Date

Signature of the candidate
Address:-

Mobile No.

Email-ID:-

CERTIFICATE TO BE FURNISHED BY THE FORWARDING AUTHORITY/PARENT
DEPARTMENT/CADRE CONTROLLING AUTHORITY

Certified that the information furnished by Shri/Smt./Kum. _____
in Annexure-I are found to be correct and he/she possesses the requisite eligibility and
experience mentioned in the vacancy circular.

Also certified that:-

- (i) No vigilance case or disciplinary case either pending or being contemplated against him/her.
- (ii) The integrity of Shri/Smt./Kum _____ is beyond doubt.
- (iii) No Major/Minor penalties have been imposed on him/her during the last 10 years (Alternatively, penalty statement during the last 10 years is enclosed - Annexure-III).
- (iv) This Department/Organization/Office has no objection that in the event of selection, the official will be relieved immediately.

Further, copies of APEARs for the last 5 years duly attested on each page & Vigilance Certificate are enclosed.

Place
Date

Signature
Name & Designation:
of the Authorized Officer
Email ID:
Phone Number:-
(With office seal)