



INLAND WATERWAYS AUTHORITY OF INDIA
(A Statutory Body under Ministry of Shipping, Govt. of India)
Head Office A-13 ,Sector -1, Noida, U.P -201301

Brief Employment Notice no : IWAI/ SRC/2/2018 Dated: 06/03/2018

IWAI invites application from the Indian Nationals working in offices of Central/State Governments/Public Sector Undertakings/Statutory or Autonomous bodies for filling up the post of Secretary on deputation basis for a period of three years which may be extended for another two years.

S.N/ Post code	Name of post	Pay-scale	No of post	Method of recruitment
D.6	Secretary	level 13 of 7 th CPC i.e. pre-revised 6 th CPC Pay Band of Rs. 37,400 -67,000/- + Grade Pay Rs.8700/- on deputation basis.	01	Deputation basis for 03 years

Eligibility conditions, prescribed application format etc. can be downloaded from IWAI website www.iwai.nic.in. Interested candidates may visit the website and submit the application in prescribed format along with requisite information to Secretary, IWAI latest by 30.04.2018.

Sd/-
SECRETARY



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(A Statutory Body under Ministry of Shipping, Govt. of India)
Head Office A-13, Sector -1, Noida, U.P -201301

No. 12-IWAI/Estt.R&T/08/2018

Dated: 06/03/2018

CIRCULAR

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Eligibility conditions:-

Officers under the Central/State Govt./Port Organization/Semi-Govt. body/Public Sector Undertakings:

- a) (i) Holding analogous post; OR
(ii) With 5 year's service in the post in the PB-III Rs.15600-39,100/- + Grade Pay of Rs. 7600/- or equivalent, and
- b) Possessing the following educational qualifications and experience:-

Essential: Degree from a recognized University or equivalent with 15 years experience in a responsible senior position out of which, at least 05 years in the next below level, in administration and establishment works in a Govt. Office or Public body or a commercial organization of repute.

Desirable :-

- i) A degree in law,
ii) Master of Business Administration
iii) Graduate from Institute of Company Secretaries of India.

Age Limit:- Not exceeding 56 years on the closing date of application.

PROFORMA

APPLICATION FOR THE POST OF : SECRETARY (ON DEPUTATION BASIS)

POST CODE : D.6

1. Name in full (in Block Letters) :
2. Father's/Husband's Name :
3. Address for communication :
(with Pin Code , Telephone number & Email ID)
4. Permanent Address :
5. (a) Date of Birth (in Christian era) :
(b) Age as on closing date of application :
6. Nationality :
7. Whether belongs to SC/ST/OBC/Ex-Serviceman/PH :
8. Whether working in any Central/State/UT/Autonomous body/PSU/Port Organization/
Semi-Govt. :
9. Educational/Professional Qualifications (kindly indicate and enclose copy
10. Experience : (including present employment)

S. No	Name of Employer	Designation of The post held & nature of appointment	Pay scale/ Salary(CDA/ IDA)	Date of Joining	Date of Leaving and Reasons for leaving	Nature of Duties performed

11. Languages known :
12. Any other information such as experience, training, publication etc. in support of suitability for the post :

UNDERTAKING

I hereby solemnly declare that the information given above is true and correct to the best of my knowledge and belief. I have carefully gone through the vacancy Circular / advertisement and I am well aware that the Curriculum Vitae duly supported by documents submitted by me will also be assessed by the Selection Committee at the time of selection for the post.

Signature of the candidate

Date.....

Address.....
.....

CERTIFICATE

(To be filled in by the parent office / Department)

01. Certified that the particulars furnished by the applicant have been checked from available records and found correct.
02. Certified that the candidate is eligible for the post as per conditions mentioned in the advertisement.
03. Certified also that no vigilance case is either pending or being contemplated against the applicant. Integrity of the applicant is also certified.
04. Photocopies of complete and upto date ACR /APAR dossier of the officer for the last five years, from 2011-12 onwards duly attested, on each page enclosed.
05. No major/minor penalty has been imposed on the concerned officer during the preceding ten years.

Signature
Name & Designation of the Head of the Department /
Authorized Signatory with seal
Telephone Number