राजस्थान सरकार
चिकित्सा शिक्षा (ग्रुप-1) दिवाग

प्रमाण: प्र.16(77)एम.ई./ग्रुप-1/2017पार्ट

जयपुर, दिनांक: 12 JAN 2018

अधिरिक्त निदेशक (प्रशासन)
निदेशालय चिकित्सा शिक्षा,
मनोविकित्सा चिकित्सालय के संगाने,
जयपुर।

प्रज्ञानाचार्य एवं नियंत्रक,
मेडिकल कॉलेज,
अजमेर/जयपुर/कोटा/
जोधपुर/उदयपुर/बीकानेर।

विषय: - भारतीय प्रशासनिक सेवा में रिक्त दो पदों की अन्य राज्य सेवाओं के राज्यातिथि अधिकारियों से भरे जाने हेतु प्रश्नांतर भिजवायें जाने बावजूद।

महोदय,

पर्वतकृत विपक्षान्तरित निदेशानुसार ते है कि शासन सचिव, कार्यिक दिवाग से प्राप्त पत्रक 6(3)Pers/A-1/2017 दिनांक 09.01.2018 की प्रति संलग्न कर पत्राद्वारे आवश्यक कार्यवाही हेतु प्रस्तुत है।

संलग्न-पर्वतकृतानुसार

भाविनी
(भावक सिंह)
शासन उप सचिव

प्रतिलिपि निम्न को सूचनार्थ एवं आवश्यक कार्यवाही हेतु प्रस्तुत है -
1. विशिष्ट सहायक, मान्यता, नीति, चिकित्सा शिक्षा दिवाग।
2. निदेश सचिव, शासन सचिव, चिकित्सा शिक्षा दिवाग।
3. सहित पत्राद्वारे।

शासन उप सचिव
Dear Sir/Madam,

The Indian Administrative Service (Recruitment) Rules, 1954 provide for limited promotion of officers to the IAS from amongst those who are holding gazetted posts in the substantive capacity. Such officers should be members of State Services other than Rajasthan Administrative Service, Rajasthan Police Service, Rajasthan Forest Service or Rajasthan Judicial Services and serving in connection with affairs of the State.

Two vacancies are available for the Select List of the year 2017 (arisen during 01.01.2017 to 31.12.2017) for such selection. Only those Non-State Civil Service officers are eligible for promotion to Indian Administrative Service who possess outstanding record and have completed 18 years of actual and continuous regular service in the respective State service (i.e. 10 years to become equivalent to the post of Deputy Collector and further 8 years to become eligible for promotion to IAS) in a State Service and who have not attained the age of 56 years on the 1st day of January, 2017. The nominated officers should also be clear from vigilance angle.

I shall be grateful if you could kindly recommend not more than three names of officers of outstanding merit from the Non-State Civil Service for which you are the cadre controlling authority after screening all eligible officers. The officer who was recommended in the past can also be recommended again subject to his/her suitability & eligibility.

The following information/documents in respect of the officers recommended by you may kindly be sent in the enclosed proforma:

(i) particulars of the officer.
(ii) A certificate indicating that officer of outstanding service records only have been recommended.
(iii) Bio-data of the officer.
(iv) Details of penalties imposed on aforesaid officer during the last 10 years.
(v) Copy of Statement submitted by officer in Department of Personnel (A- LACR Cell) regarding his immovable property.
(vi) Declaration of family, consent for termination of lien and unconditional willingness for appointment to the Indian Administrative Service submitted by officer.
(vii) Their confidential roll, if not sent to Department of Personnel (A- LACR Cell) earlier, should also be sent to me immediately.

Your recommendation, along-with necessary information/documents should reach this department latest by 31.01.2018.

Yours sincerely,

(Bhaskar A. Sawant)

SIBHANAND KUMAR
SECRETARY TO GOVERNMENT, MEDICAL EDUCATION DEPARTMENT, RAJASTHAN, JAIPUR
Annexure 3.4 (Non-SCS)

Bio-Data of Non SCS Officer(s)

1. Name of Officer:

2. Date of Birth:

3. Educational Qualifications:

4. Whether belongs to SC/ST/OBC:

5. Date of Confirmation:
in Gezeted posts

6. Present Post held:

7. (i) Date of appointment to the post which has been declared equivalent to the post of Dy. Collector in the State Civil Service:

(ii) Name of the Post:

(iii) Whether holding that post substantively and the date since when

8. Details of Gazetted posts held:

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Name of the Posts held</th>
<th>Category of posts</th>
<th>Period</th>
<th>Scale of Pay</th>
<th>Duties (In Brief)</th>
</tr>
</thead>
</table>

9. Achievements in Brief (including publications if any):

10. Trainings undergone:
ANNEXURE 3.4 A

Consolidated Statement of Non-State Civil Service Officers eligible for consideration for appointment to the IAS as on 1st January of 2017

<table>
<thead>
<tr>
<th>S.No.</th>
<th>Name of Officer (S/Shri)</th>
<th>Whether SC/ST/OBC</th>
<th>Date of Birth</th>
<th>Post held (Declared equivalent to the post of Dy. Collector in the State Civil Services)</th>
<th>Date from which continuously holding the post (Declared equivalent to the post of Dy. Collector in the State Civil Service)</th>
<th>Whether the post held is Gazetted and in substantive capacity, if so the date of confirmation in that post</th>
<th>Pay Scale of the post (Declared equivalent to the post of Dy. Collector in the State Civil Service)</th>
<th>Remarks</th>
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Note: All the columns should be duly filled in.

Signature and Name of the Secretary of the Cadre Controlling Department.
### ANNEXURE 4.2

(A) Details of penalties imposed on eligible officers during the last 10 years

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Name of Officer(s)</th>
<th>Year in which offence is committed</th>
<th>Date of issue of Charge Sheet</th>
<th>Date on which penalty imposed</th>
<th>Nature of penalty</th>
<th>Period of Currency of the penalty and the date when the currency of penalty will be over</th>
<th>Whether any appeal has been filed and if so whether there is any interim stay/stay</th>
<th>Remarks</th>
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</table>

Signature

Name..............................

Designation.......................
PROFORMA-1

DECLARATION OF SHRI/SMT...........................................

I, hereby declare that I have only one living spouse, whose name is Smt./Shri ..................................................

(SIGNATURE)

Name of the Officer..................................................
Designation ..........................................................
Witness: -2

Date: -
Witness: -1

(Witness)

Name: -
Full Address: -

(Signature)
Name: -
Full Address: -

PROFORMA-2

Consent of Shri/Smt..........................................

I, hereby give my consent for termination of lien in the (Name of State Service) on eventual substantive appointment in the Indian Administrative Service

(SIGNATURE)

Name of the Officer..................................................
Designation ..........................................................
Witness: -2

Date: -
Witness: -1

(Witness)

Name: -
Full Address: -

(Signature)
Name: -
Full Address: -
PROFORMA-3

Declaration of Shri/Smt. ..............................................................

I, hereby declare and convey my unconditional willingness for appointment to the Indian Administrative Service in case of selection.

(SIGNATURE)
Name of the Officer..............................................................
Designation ..............................................................
Witness:- 2

Date:-
Witness:- 1

(Signature)
Name: -
Full Address: -

(Signature)
Name: -
Full Address: -