Sub:— **Filling up of 01 (one) post of Sub Inspector (Radiographer) in Sashastra Seema Bal (SSB) on deputation basis**

Applications are invited in the prescribed proforma (Annexure-A, copy enclosed) from eligible candidates to fill up 01 (one) post of Sub Inspector (Radiographer) Group ‘B’ Gazetted in Sashastra Seema Bal by Deputation (including short-term) contract basis in Level-6 of pay Matrix (Rs.35400-112400) as per 7th CPC, as per eligibility criteria given below:-

**Eligibility criteria**

Deputation (including short-term) contract)/Promotion:-

Officers of the Central Government or the State Governments or in Central Armed Police Force;

(a) (i) holding analogous post on regular basis or eligible to hold the post of Sub-Inspector (Radiographer) in the parent cadre or department and possessing the qualifications as specified under sub-para (b); or

(ii) Assistant Sub-Inspector (Radiographer) or equivalent rank in the Central Government or the State Government or in Central Armed Police Force in Level-5 of the pay matrix (Rs.29200-92300) with six years experience of working in the field or Unit Hospital in the parent cadre or department and possessing the qualification as specified under sub-para (b) with medical category SHAPE-1; and

(b) **Possessing the following educational qualifications and experience namely**:-

(i) should have passed 10+2 with Science or equivalent from a recognised University or Board or Institution;

(ii) should have two years Diploma in Radio diagnosis from an institution recognised by the State Government or the Central Government.

**Note-1:** The departmental Assistant Sub-Inspector (Radiographer) with six years regular service in the grade shall also be considered alongwith outsiders and in case the candidate is selected for appointment to the post, the same shall be treated as having been filled by promotion; otherwise, the post filled by deputation or short term contract for the prescribed period of deputation or short term contract at the end of which the departmental officer will again be afforded an opportunity to be considered for appointment to the post.

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

**Note-3:** The maximum age limit for appointment by deputation shall not be exceeding fifty-two years as on the closing date of the receipt of applications.
Applications of willing and eligible candidate may please be forwarded in the prescribed format (Annexure-A), in duplicate to the Commandant (Pers-II), Directorate General, Sashastra Seema Bal, East Block-V, R.K. Puram, New Delhi-110066 within 60 days from the date of publication of this advertisement in the ‘Employment News’ on 21 to 27 November 2020 (Copy enclosed).

Incomplete applications will not be entertained. Applications received after closing date will not be accepted. Candidate, who are selected for the above post, will not be permitted to withdraw his name after selection.

The Competent Authority reserves the right for any amendment like curtailment/enhancement of vacancies, cancellation of the advertisement in whole or part thereof without assigning any reason.

List of Enclosures to be accompanied with the Application.

1. Application in prescribed format, Annexure-I duly completed, signed by the candidate and countersigned by the cadre/Appointing authority.
2. Attested copies of ACRs/APARs for the last five years duly signed by an officer not below the rank of Under Secretary of equivalent.
3. Integrity Certificate.
4. DE/Vigilance Certificate.
5. No major or minor penalty certificate for last 10 years of service.
6. A certificate to the effect that the particulars furnished by the candidate have been verified and found correct as per service record.
7. **SSB Act & Rule option certificate.**

May also visit our website [www.ssb.nic.in](http://www.ssb.nic.in)

Encl: As above.

To

1. All Ministries/Departments under the Government of India
2. The Director Intelligence Bureau, North Block, New Delhi.
3. The Director General, BSF, CGO Complex, Lodhi Road New Delhi.
4. The Director General, CRPF, CGO Complex, Lodhi Road New Delhi.
5. The Director General, ITBP, CGO Complex, Lodhi Road New Delhi.
6. The Director General, CISF, CGO Complex, Lodhi Road New Delhi.
7. The Director General, Assam Rifle Shillong.
8. The Director General, Railway Protection Force, Rail Bhawan, New Delhi.
9. The DGP/IGP of all State/Union Territories Administration.

H/1. Section Officer, IT Cell, MHA, North Block, New Delhi- for display in MHA Website.

**Internal:-**

2. Deputy Commandant, Communication Branch FHQ SSB New Delhi.
3. Deputy Commandant (Estt.) Branch FHQ SSB New Delhi.
4. All SSB formation.
PART-A

APPLICATION FORM FOR THE POST OF SUB INSPECTOR (RADIOGRAPHER)

1. Name (in block letter) :-

2. Rank :-

3. Name of the Office/Department/ Ministry where working (in block letter). :-

4. Date of birth (in Christian era) :-

5. Date of appointment in Government Service (in Christian era) :-

6. Date of retirement under Central/ State Government rules (in Christian era) :-

7. Medical category with Medical certificate :-

8. Present Pay Scale :-

9. Educational Qualifications :-

10. Date of promotion in present rank :-

11. Experience with experience Certificate :-

12. Nature of present employment, (Whether ad-hoc or temporary or permanent) :-

13. Details of employment, in chronological order (Enclose a separate sheet, duly authenticated by candidate’s signature, if the space below is insufficient).

<table>
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<tr>
<th>Name of Organization/Office</th>
<th>Post held</th>
<th>From</th>
<th>To</th>
<th>Level in the pay matrix</th>
<th>Nature of duties</th>
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14. 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.

15. Please state clearly whether in the light of entries made by you, you meet the requirement of the post.

Contd... P/2
16. Whether belongs to SC/ST/OBC

17. Remarks

Date:-
Telephone/Mobile No.:-
Email ID:-
Residential address:-

Signature of the candidate

CERTIFICATE

It is to certify that I, Rank______________ Name ______________ Police Force (Name of organization) ______________ Opt/not opt for trial under SSB Act and Rules during deputation period in SSB.

Signature______________
Rank_________________
Name_________________
Department/Unit________

PART-B

Certificate/information to be given by the Head of Office/Employer of the applicant

1. It is certified that the particulars furnished by the Officer in Part-A, are correct as per the service records.

2. It is certified that no disciplinary/vigilance case is pending or contemplated against the officer and he/she is clear from the vigilance angle.

3. His/her integrity is certified.

4. It is certified that no major or minor penalties have been imposed on the officer during the last 10 years.

5. It is certified that Officer is medically SHAPE-1.

6. APAR gradings for last 05 years in respect of the officer are as under:-

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7. The Officer will be relieved from his duties to take up assignment in SSB on his/her selection in SSB on deputation basis.

Head of Office/Employer
With seal
APPLICATION FORM FOR THE POST OF SUB INSPECTOR (RADIOGRAPHER)

1. Name (in block letter): __________________________
2. Rank: _______________________________________
3. Name of the Office/Department/Ministry where working (in block letter): __________________________
4. Date of Birth (in Christian era): __________________________
5. Date of Appointment in Government Service (in Christian era): __________________________
7. Medical category with Medical Certificate: __________________________
8. Present Pay Scale: __________________________
9. Educational Qualifications: __________________________
10. Date of promotion in present rank: __________________________
11. Experience with experience Certificate: __________________________
12. Nature of present employment: __________________________

Authorized Officer/Head of the Department/Unit __________________________
Date: __________________________

PART-B

CERTIFICATE

1. Name of the Officer (Name of the Office/Department): __________________________
2. Rank: __________________________
3. Pay Level: __________________________
4. APAR Gradings for last five years: __________________________
5. Certificate information to be given by the Head of Office/Employer: __________________________

Signature of the Candidate __________________________
Date: __________________________

PART-C

APPLYING PERSON

1. Name (in block letter): __________________________
2. Rank: __________________________
3. Department: __________________________
4. Date of Birth (in Christian era): __________________________
5. Present Pay Scale: __________________________
6. Educational Qualifications: __________________________
7. Experience with experience Certificate: __________________________
8. Nature of present employment: __________________________

Authorized Officer/Head of Office/Department/Unit __________________________
Date: __________________________

PART-D

APPLICATION FORM FOR THE POST OF SUB INSPECTOR (RADIOGRAPHER)

1. Name (in block letter): __________________________
2. Rank: __________________________
3. Name of the Office/Department/Ministry where working (in block letter): __________________________
4. Date of Birth (in Christian era): __________________________
5. Date of Appointment in Government Service (in Christian era): __________________________
7. Medical category with Medical Certificate: __________________________
8. Present Pay Scale: __________________________
9. Educational Qualifications: __________________________
10. Date of promotion in present rank: __________________________
11. Experience with experience Certificate: __________________________
12. Nature of present employment: __________________________

Authorized Officer/Head of the Department/Unit __________________________
Date: __________________________

PART-E

CERTIFICATE

1. Name of the Officer: __________________________
2. Rank: __________________________
3. Pay Level: __________________________
4. APAR Gradings for last five years: __________________________

Authorized Officer/Head of Office/Department/Unit __________________________
Date: __________________________