## Government of Himachal Pradesh Department of Personnel Appointment-II

Dated: 08-01-2018

Advertisement No. 01/2018

The State Govt. invite applications (in five sets) from the eligible persons to fill up two posts (01 existing and 01 arising on 15-04-2018) of Administrative Members, Himachal Pradesh Administrative Tribunal, Shimla, in sealed cover, so as to reach the Principal Secretary (Personnel) to the Government of Himachal Pradesh, Armsdale Building, 4th Floor, Himachal Pradesh Secretariat, Shimla-171 002 within four weeks from the date of publication of advertisement. The applications received after this period will not be entertained. This advertisement, application format and qualification for the above post, as per Section 6(2) of Administrative Tribunals Act, 1985, can be seen in website of Department of Personnel, Govt. of H.P. i.e. <a href="http://www.himachal.nic.in/personnel">http://www.himachal.nic.in/personnel</a>.

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The qualifications for the post of Administrative Member of Himachal Pradesh Administrative Tribunal as laid down in the Section 6(2) of Administrative Tribunals Act, 1985.

Section 6 (2) A person shall not be qualified for appointment,-

(a) as an Administrative Member, unless he has held for at least two years the post of Secretary to the GOI or any other post under the Central or State Govt. and carrying the scale of pay which is not less than that of a Secretary to the GOI for at least two years or held a post of Additional Secretary to the GOI for at least five years or any other post under the Central or State Govt. carrying the scale of pay which is not less than that of Additional Secretary to the GOI at least for a period of five years:

Provided that the officers belonging to All-India services who were or are on Central deputation to a lower post shall be deemed to have held the post of Secretary or Additional Secretary, as the case may be, from the date such officers were granted proforma promotion or actual promotion whichever is earlier to the level of Secretary or Additional Secretary, as the case may be, and the period spent on Central deputation after such date shall count for qualifying service for the purposes of this clause;

## APPLICATION FORMAT FOR THE POST OF ADMINISTRATVE MEMBER IN THE HIMACHAL PRADESH ADMINISTRATIVE TRIBUNAL

1.	Name :	
2.	Date of birth:	
3.	Educational Qualifications beyond 10+2:	
4.	Service, the candidate belongs to :	
	(Please specify name/details i.e All	·
	India/Central/State etc.)	
	(Please also indicate cadre, year of allotment, date from which promoted in	
	Grade-1/GrA/ Class-I)	
5.	Date of Superannuation:	
6.	Pay Scale (Present/Last) :	
7.	Designation of Present/Last Post held:	
8.	(a) Office Address & Telephone Number:	
	(b) Residential Address & Telephone	
	Number:	
	(c) Correspondence Address:	
	(d) Mobile Number:	
	(e) email ID:	
9.	Details of post held in chronological order	Post held Period
	for at least ten years either under the	1.
	Govt. of India or under the Government of	<u>2.</u>
	a State:	<u>3.</u>
10.	The details of Post(s) held since joining be	
	indicated in the descending order i.e. from	
	higher post to the lower one, in the	
	following format:	

Sl.	Post held	Pay	Period	Level	Expe	rience with de	etails*
No		scale	From - To		Quasi – judicial	Service / Personnel matters (details thereof)	others
1	2	3	4	5	6	7	8

<sup>\*</sup>The experience related to quasi-judicial, service/personnel matters be given post wise separately in respective columns 6 to 7.

11.	The details of pendency of any court litigation, civil or criminal, conviction or otherwise in a criminal court or civil court decree or any other proceedings:	
12.	Special achievements during the	•
	last 10 years	
	(in a separate sheet – not more	
	than in 200 words)	

The information furnished above by me is correct to the best of my knowledge and belief and nothing has been suppressed. I fully understand that in case of my selection, if any information furnished above is found to be false or mis-represented at a later stage, my selection is liable to be cancelled with the approval of the Competent Authority.

Place:	(Signature)
Date:	(Name in Capital Letters)