CIRCULAR

In pursuance of Council’s guidelines circulated vide letter no. 5-2/87-Per.IV dated 10.02.1989 and order no. 13(3)/2019-20/10759 dated 08.07.2020, nominations are invited for election of employees’ representative on Grievance Committee for one electoral constituencies (Scientific, Technical, Administrative and Supporting) from employees of ICAR-CRIJAF of not less than 21 years of age and with a continuous service of not less than six months in ICAR including its Headquarters/ Institute/Directorate/Laboratory etc.

All concerned staff members of the aforesaid categories who wish to contest in the election may submit their nominations in Form ‘A’ within 12.08.2020 to the undersigned. The nomination papers will be scrutinized in the presence of the candidate and attested person/nominee (Form ‘B’) on 13.08.2020 and any candidate whose nomination for election has been accepted may withdraw his/her candidature within 17.08.2020.

Nomination Form ‘A’ and Form of Authorization for Representation in Scrutiny Form ‘B’ can be downloaded from Institute’s website www.crijaf.org.in

In-charge, Crop Improvement Division & Election Officer,
(Employees’ Representatives on Grievance Committee)

Distribution:-

1. All the HODs/ Incharges of Divisions/Sections/Units/ Research Stations/ KVKSs of ICAR-CRIJAF for wide circulation among the staff members under their control.
2. I/e AKMU, ICAR-CRIJAF for getting the Circular uploaded on the Institute website.
3. PS to Director, ICAR-CRIJAF.
4. PA to CAO, ICAR-CRIJAF.
INDIAN COUNCIL OF AGRICULTURAL RESEARCH
FORM - ‘A’

FORM OF NOMINATION PAPER FOR GRIEVANCE COMMITTEE ELECTION
Name of Headquarters/ Institute/ Bureau/ Directorate/ Laboratory/ National Research Centre/
ICAR Headquarters

(1) I nominate the following employee of the Headquarters/ Institute/ Bureau/
Directorate/ Laboratory/ National Research Centre as a candidate for election to the
Grievance Committee.
(2) He is eligible as a voter in the constituency for which he is nominated.
(3) He is also eligible for election to the Grievance Committee as a representative of
employees of the concerned constituency.

Name of the person nominated
Shri/ Smt./ Km.

Designation

Section/ Department

Constituency to which
he belongs:
Scientific/ Technical/
Auxiliary/ Administrative/
Supporting

Date

Signature of the proposer
Shri/ Smt./ Km.
Name of the proposer
Designation
Section/Department

Constituency: Scientific/
Technical/ Auxiliary/ Administrative/
Supporting.

I agree to the proposed nomination

Date
Signature of the candidate

Attested by:
(1) Signature of a voter belonging to the electoral constituency.
Shri/ Smt. / Km ____________________________

Designation ____________________________

Section/Department ____________________________

Constituency: Scientific/ Technical/ Auxiliary/ Administrative/ Supporting.

(2)

Signature of a voter belonging to the electoral constituency.

Shri/ Smt. / Km. ____________________________

Name of the Voter ____________________________

Designation ____________________________

Constituency: Scientific/ Technical/ Auxiliary/ Administrative/ Supporting.

Note: 1. Please strike off the words/ portions not applicable.

2. The proposer must be a voter belonging to the concerned electoral constituency.

3. Attestation is to be made by two voters belonging to the concerned electoral constituency.

4. The same person shall not be the proposer as well as attester.
**INDIAN COUNCIL OF AGRICULTURAL RESEARCH**

**FORM - 'B'**

**FORM OF AUTHORISATION FOR REPRESENTATIONS IN SCRUTINY OF NOMINATION PAPERS IN GRIEVANCE COMMITTEE ELECTION**

Name of the Headquarters/Institute/ Bureau/ Directorate/ Laboratory/ National Research Centre ________________________________

1. I hereby authorize the following employee of the Headquarters/Institute/ Bureau/ Directorate/ Laboratory/ National Research Centre to represent me for the purpose of scrutiny of nomination papers in the election to the Grievance Committee as I shall be unable to be present.

2. I am a candidate/ attester of nomination paper of a candidate in the said election as mentioned below.

<table>
<thead>
<tr>
<th>Name of the candidate for Election</th>
<th>Shri/ Smt./ Km.</th>
<th>_________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Constituency of the candidate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name of the person authorised</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Designation</td>
<td></td>
<td>Scientific/ Technical/</td>
</tr>
<tr>
<td>Section/ Department</td>
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<td>Auxiliary/ Administrative/</td>
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<td></td>
<td></td>
<td>Supporting.</td>
</tr>
<tr>
<td>Date</td>
<td></td>
<td>Signature of candidate/ attester of nomination paper authorising.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Shri/ Smt./ Km.</td>
</tr>
</tbody>
</table>

| Name of the candidate/ attester of nomination paper authorising. |
|------------------------|------------------|
| Designation            |                  |
| Section/ Department    |                  |

950
I agree to represent the candidate/attester of nomination paper as authorised above.

Date ____________________________

Signature of the person authorised

Name ____________________________

The above signature of the person authorised is attested by me.

Date ____________________________

Signature of candidate/attester of nomination paper and authorising.

Note: Please strike off the words/ portions not applicable.