



भाकृअनुप-केन्द्रीय पटसन एवं समवर्गीय रेशा अनुसंधान संस्थान
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Dated: 25.10.2024

CIRCULAR

In pursuance of Council's guidelines circulated vide letter no. 5-2/87-Per.IV dated 10.02.1989 and this office order of even number dated 24.10.2024, 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 wish to participate in the election may submit their nominations in Form 'A' within 14.11.2024 to the undersigned. The nomination papers will be scrutinized in the presence of the candidate and attested person/nominee (Form 'B') on 18.11.2024 and any candidate whose nomination for election has been accepted may withdraw his candidature within 20.11.2024. The election of all the categories will be conducted on 22.11.2024.

Nomination Form 'A' and Form of Authorisation for Representation in Scrutiny Form 'B' are attached with this Circular.


(Surendra Kumar Pandey)

Pr. Scientist, AINPJAF & Election Officer,
(Employees' Representatives on Grievance Committee)

Distribution:-

1. All the HODs/ Incharges of Divisions/Sections/Units/ Research Stations/ KVKs of ICAR-CRIJAF for wide circulation among the staff members under their control.
2. I/c AKMU, ICAR-CRIJAF for getting the Circular uploaded on the Institute website.
3. PPS to Director, ICAR-CRIJAF.
4. PA to Head of Office, 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.
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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, authorise 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.

Name of the candidate for Election Shri/ Smt./ Km. _____

Constituency of the candidate Scientific/ Technical/
Auxiliary/ Administrative/
Supporting.

Name of the person authorised Shri/ Smt./ Km. _____

Designation _____
Section/ Department _____

Date _____ Signature of candidate/ attester
of nomination paper authorising.
Shri/ Smt./ Km. _____

Name of the candidate/
attester of nomination paper
authorising.
Designation _____

Section/ Department _____

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.