

भा.कृ.अ.प.-केन्द्रीय पटसन एवं समवर्गीय रेशा अनुसंधान संस्थान  
ICAR - CENTRAL RESEARCH INSTITUTE FOR JUTE & ALLIED FIBRES

(भारतीय कृषि अनुसंधान परिषद)

(Indian Council of Agricultural Research)

नीलगंज, बैरकपुर, कोलकाता-700 120, पश्चिम बंगाल

NILGANJ, BARRACKPORE, KOLKATA-700120, WEST BENGAL

F. No.: ERGC/2019-20/9780


Dated: 15.01.2020

**CIRCULAR**

In pursuance of Council's guidelines circulated vide letter no. 5-2/87-Per.IV dated 10.02.1989 and order no. 13(11)/2019-20/790 dated 03.06.2019, nominations are invited for election of employees' representative on Grievance Committee for one electoral constituency (Scientific) 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 22.01.2020 to the undersigned. The nomination papers will be scrutinized in the presence of the candidate and attested person/nominee (Form 'B') on 23.01.2020 and any candidate whose nomination for election has been accepted may withdraw his candidature within 24.01.2020.

Nomination Form 'A' and Form of Authorisation for Representation in Scrutiny Form 'B' can be downloaded from Institute's website [www.crijaf.org.in](http://www.crijaf.org.in)

  
15/01/2020  
(Prahlad Singh)

**AO & 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/c AKMU, ICAR-CRIJAF for getting the Circular uploaded on the Institute website.
3. Notice Board.
4. PS to Director, ICAR-CRIJAF.
5. 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)

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Signature of a voter belonging to the  
electoral constituency.

Shri/ Smt./ Km. \_\_\_\_\_

Name of the Voter \_\_\_\_\_

Designation \_\_\_\_\_

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

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- 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 affester
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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.