

INDIAN INSTITUTE OF MANAGEMENT LUCKNOW

Indian Institute of Management Lucknow (IIML) invites applications for the following post for postings at its IIML-Noida Campus, Noida:-

1. Finance & Accounts Officer - 1 POST (Pay Band Rs. 15600-39100 + Grade Pay Rs.5400/-) (UNRESERVED)

Professional Qualification & Experience: ACA/ICWAI/MBA (Finance) from the Institute of national repute. Should have vast experience and background of dealing with Central Govt. Rules relating to Accounts/Audit/Budget etc. The incumbent should have at least 5 years in-line experience in the next lower Pay Band of Rs. 9300-34800 + GP 4200/- or equivalent. Knowledge of computer operation and computerized accounting systems is essential.

Age: Below 40 years.

Note:

- 1) All other allowances are as applicable to Central Govt. employees stationed at Noida.
- 2) Although the above posts are not reserved, preference will be given to Reserved Categories including 'Persons with Disabilities (PWD)' if otherwise found suitable even with relaxed age & criteria.
- 3) Persons working in Central Government/State Government/Public Sector Undertakings/Autonomous Bodies, etc. should send their applications either through proper channel or should furnish 'No Objection Certificate' at the time of interview.

How to apply:

Down load the prescribed application form from our website **www.iiml.ac.in** alongwith attested photocopies of certificates of educational qualifications and experience and a recent passport size photograph affixed on the application. Application has to be submitted in the prescribed application form only. **Last date for receipt of application is 15**th **March, 2014.**

Chief Administrative Officer Indian Institute of Management Prabandh Nagar, Off Sitapur Road Lucknow – 226 013



INDIAN INSTITUTE OF MANAGEMENT, LUCKNOW.

APPLICATION FORM

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Name & address of Employer	Designatio n of post held	Scale of pay & GP	Period of service				Nature of work & level of
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16 ANY OTHER		UT DUFODNIMA	TION				
16. ANY OTHER	X KELEVAN	II INFORMMA	ATION				
17. NAMES OF	TWO REFEI	REES (full addı	ress with p	ohone n	umber):	:	
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DECLARATION

I CERTIFY THAT THE INFORMATION GIVEN ABOVE IS CORRECT TO BEST OF MY

KNOWLEDGE AND BELIE	F.
DATE :	SIGNATURE
	NAME
(For officers where the contract of the contra	(For use of the forwarding office) ho are working Govt./PSU/Autonomous Institutions)
Central Govt./State Govt./Au Regular/Temporary/adhoc basis	nt./Kum is working in this (Office/ Department), which is a tonomous body of Central/ State Govt./PSU/Private Organization on s since and that entries made /particulars furnished by verified and found correct as per office records.
(ii) It is also certified that the him/her and his/her integrity is b	re is no vigilance/disciplinary case pending or being contemplated against beyond doubt.
Date Place	Signature Name of the forwarding officer. Designation Office Stamp (seal)