



Tel. No.: 011 - 23009200  
Website: www.lalitkala.gov.in

**LALIT KALA AKADEMI, 35, FERUZESHAH ROAD, RABINDRA BHAWAN, NEW DELHI-110001**

Advertisement for the Post of Secretary, Lalit Kala Akademi, New Delhi by transfer on deputation/direct recruitment.

Applications are invited in the prescribed proforma from eligible candidates for the post of Secretary by transfer on deputation basis/ direct recruitment in Lalit Kala Akademi, New Delhi, an autonomous organization under the Ministry of Culture, Government of India, in the Pay Matrix Level-12 (Rs. 78800 to Rs. 209200) plus allowances admissible under the rules.

**Qualifications:** (A) ESSENTIAL: (i) A University degree or an equivalent qualification. (ii) Experience in staff management and administration and accounts of not less than 10 years in Group 'A' or equivalent posts or 15 years in Group "A" and Group 'B' posts or equivalent posts taken together, corresponding to Group 'A' and Group 'B' posts in Government of India.

(B) DESIRABLE: Experience as organizer in the field of visual arts and use of computers in work.

**Age:** Below 50 years on the last date of receipt of application (Relaxable upto a maximum of 5 years in case of candidate working in Government/Autonomous organizations).

**Transfer on Deputation:** By deputation of persons in group 'A' Service or Post or equivalent in Central or State Government organizations including Museums, Galleries etc. or University System or Cultural organizations, possessing essential qualifications and experience indicated above.

**Direct Recruitment:** If a person already working in the Lalit Kala Akademi is selected, such a person will be treated as having been promoted to this post.

**Period of Deputation:** Period of deputation will ordinarily not exceed three years and in any case shall not exceed 5 years.

The application format can be downloaded from the website. Incomplete application or those found deficient in any manner will not be entertained. The applications in prescribed format duly completed in all respects supported with attested copies of certificates must reach Lalit Kala Akademi, 35, Ferozeshah Road, RabindraBhawan, New Delhi-110 001 within 45 days from the publication of this advertisement. Those who are working in Central/State Government/Autonomous body should send the application through proper channel alongwithlast 5 years complete ACR Dossiers duly attested and vigilance clearance certificate. The eligibility criteria prescribed is a minimum requirement and the same does not automatically make candidates eligible for interview. Candidates called for interview will have to produce all relevant original documents at the time of interview in support of their documents furnished alongwith the application. No TA/DA will be paid for appearing in the interview.

**Chairman  
Lalit Kala Akademi**

Date:.....

**LALIT KALA AKADEMI**  
**RABINDRA BHAWAN NEW DELHI**

Self Attested

Recent  
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Application for the post of.....

1.	Full Name (In Capital Letters)					
2.	Father's Name					
3.	Mother's Name					
4.	Date of Birth					
5.	Address for Communication (In Capital Letters)					
6.	Permanent Address (In Capital Letters)					
7.	Mobile no.		Category SC/ST/OBC :			
8.	Nationality		Male/Female :			
9.	E-mail Id					
10.	Detail of Educational, Professional & Technical Qualification					
	Exam Passed	Institution/University	Subject/ Studied	Duration of Study	Year of Passing	% of Marks
	Matriculation					
	Intermediate					
	Graduation					
	Post-Graduation					
	Technical Qualification					
	Others if any					
11.	Details of Experience (Starting from present)	Name of the office	Period of working	Nature of work	Emolument drawn	

I declare that I fulfil the eligibility condition as per the advertisement and that all the statements made in this application are true, complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect at any stage or not satisfying the eligibility conditions according to the requirements mentioned in the advertisement, my candidature/appointment is liable to be cancelled.

Place :

Date :

(Signature of Candidate)