

URGENT

Government of India
Ministry of Home Affairs
Directorate General, Sashastra Seema Bal
East Block-V, R.K. Puram, New Delhi – 100 066.


No.19/24/2015/SSB/Pers-IB/ 811-812

^{20th}
Dated, the: Feb.2017

Intra Office Note.

Enclosed please find herewith a copy of FHQ Delhi letter No. 19/24/2015/SSB/Pers-I(B)/ 119-124 dated 20/2/17 alongwith a copy of MHA urgent fax No. 21023/05/2017-PMA dated 02/02/2017 with a request to upload the same in SSB website.

Encl: As Above.


7/02/2017
(V. Vikraman)

Assistant Director (Pers-I)

To

- ✓ 1) The Assistant Director (Comm.)
FHQ New Delhi.

- 2) The I/C EDP Cell FHQ New Delhi with a request to send an SMS to all Inspector General of SSB containing the text that “ MHA vide their urgent fax msg dated 12/09/16 have sought nomination of eligible and willing officers of the level of IG/Addl. DG for UN Mission, the details are uploaded in SSB website.



No.21023/05/2017-PMA{UN}

GOVERNMENT OF INDIA
Ministry of Home Affairs
[Police Division-II]
PMA Cell

08 FEB 2017

Room No. 14, North Block,
New Delhi, 110001
Dated the 02 February, 2017

From: MHA, New Delhi

- To :**
1. The Chief Secretaries and DsG (P)s of all States / UTs
 2. Directors - IB/CBI/SVP PA/SPG/NEPA/NICFS/CFSL/DCPW/NCRB.
 3. DsG - BSF/CRPF/ITBP/CISF/NSG/RPF/BPR&D/SSB/NCB/NIA/Assam Rifles (Through LOAR)
 4. Commissioner of Police Delhi.

Subject :- Job Opening : UN Police Adviser (D-2) on Secondment to the Secretariat of the United Nations, New York (Job Opening : DPKO/PolAd 2017/D-2/01)

PMI to UN vide their E/Fax No. 184 dated 25th January, 2017 has sought the nomination of Individual Police Officers for the position of **UN Police Adviser (D-2) on Secondment to the Secretariat of the United Nations, New York:-**

Number of post : Not mentioned.
Level of Post : D-2 [IG/ADG]
Location : New York

Qualification:

Education: Advanced university degree (Master's degree or equivalent) preferably in criminal law or related field. A first level university degree with a relevant combination of academic qualifications and relevant police experience may be accepted in lieu of the advanced university degree. Graduation from a police academy or similar law enforcement training institution is required.

Experience: Must be senior professional police officer on active duty with the rank of commissioner, Deputy Commissioner or rank equivalent to Major-General level. Must have at least 15 year of relevant experience, with command experience, progressively responsible national law enforcement experience in field and headquarters locations in police policy-making as well as strategic and operational police management experience. Service in a UN peacekeeping or other field operation is highly desirable. Experience in other international organizations is desirable.

Languages: English and French are the working languages of the United Nations Secretariat. For this post, fluency in English (both oral and Written) is required; knowledge of French is desirable. Knowledge of another UN official language is an advantage.

Handwritten notes and signatures on the left side of the page, including 'DG O/L', 'ADG', and 'S'.

Handwritten notes and signatures at the top right, including '191', '1120', and '16/2/17'.

Handwritten note 'G(P&T)' in the left margin.

Handwritten signature 'S' with date '14/1' in the left margin.

Handwritten signature 'S' with date '15/2' in the left margin.

Handwritten signature 'D(P)' in the left margin.

Handwritten signature 'V' with date '16/02/17' in the bottom left corner.

Handwritten signature 'S' in the bottom center.

(2)

Preference will be given to equally qualified women candidates.

2. It is requested that nomination of **eligible and willing officer** of the level of **IG/ADG (D-2)** may be submitted to this Ministry by **10th April . 2017** alongwith the following documents duly completed in all respect:-

- i. United Nations Personal History Profile (PHP) form (P.11) duly completed and signed by the nominated candidate.
- ii. United Nations **Employment and Academic Certification** [attachment to personal history profile (P-11)] Form **duly completed and signed by** the nominated candidate as well as the relevant local authority.

Note: - On scrutiny of nominations received, it has been observed that the EAC is submitted without the signature of Designated Authority of concerned Force resulting rejection of nomination. Hence, the forwarding authority should ensure that the EAC is duly signed by the applicant as well the Designated Authority of Force.

- iii. Personal details as per **Annexure-I.**
- iv. **Human Rights certificate must be included**(proforma enclosed).**Mandatory**

3. The nominated officers may be advised to send the above **document** as per the format enclosed **through electronic mail at e-mail address** at uspma@nic.in. **(Mandatory)**

4. **No modified format other than the specimen enclosed duly typed will be entertained/accepted as it invites lot of observations from UN HQ (UNDPKO) while finalizing the nominations.** Hand written PHP/EAC will not be entertained/accepted. It may be ensured that the photographs of the officer applying for the post should be placed on the front side of P-11 form and signature in the last page at relevant place.

5. It may please be ensured that the nominees are **clear from Vigilance angle and Necessary Cadre Clearance** -(Specially IPS Officers) from **MHA/State Government/CAPFs/any other lending organization must be forwarded with nomination.** (without cadre clearance nominations will not be entertained).

6. **No direct application will be entertained.**


2/2/17
(Raman Kumar)

Under Secretary to the Government of India

☎: 23094009

☎: 23094009

✉:uspma@nic.in

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Copy to

1. Commissioner of Police
Mumbai, Kolkatta, Chennai and Bangalore. } It is requested to forward the
nominations of eligible and willing
officers though State Government
only.
2. SO (IT), MHA - With the request to upload the above communication on MHA website
(Police Division-II(secondment vacany) and 'what's new'.



(Raman Kumar)

Under Secretary to the Government of India

☎: 23094009

☎: 23094009

✉: uspma@nic.in

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HR CERTIFICATE

It is certified that _____ was neither convicted nor currently under investigation or being prosecuted for any criminal offence including violation of International Human Rights Law and International Humanitarian Law. It is also to certify that Government/Org. of(concerned state/Org.) is aware that there is no allegation against him/her as such and he/she has not committed or even involved, by act or omission, the commission of any act that may amount of violations of International Human Rights Law and International Humanitarian Law.

To be signed by an officer
Not below the rank of DIG/Director

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UNITED NATIONS
Employment and Academic Certification
 Attachment to Personal History Profile (P11)

For guidance on the submission package you may refer to the briefing material "How to prepare the submission".

A. TO BE COMPLETED BY CANDIDATE (from sections 1 to 11):

1. PERSONAL DATA:			
Family Name:	Given name:	Middle names:	Gender: M/F
e mail address:			

2. POSITION/S TO WHICH YOU ARE APPLYING:	
Title:	Job Opening Number:
1.	
2.	
3.	
...	

3. MILITARY SERVICE HISTORY / POLICE SERVICE HISTORY			
Date of Commission (for military officers) or date of enlistment/entry to service (for police officers):			
Current rank	Date Last Promoted	Date eligible for promotion to next rank	Projected Retirement date from <u>current rank</u>
Branch/Corp/Mustering			
Sub Specialisation/additional qualifications			

4. DEGREES AND ACADEMIC DISTINCTIONS OBTAINED:				
	NAME of INSTITUTION, PLACE AND COUNTRY. Please give complete address.	ATTENDED:		RANK/DEGREES and ACADEMIC DISTINCTIONS OBTAINED
		FROM: Month/Year	TO: Month/Year	
Military or Police Degrees	Military Academy (and/or similar military officer institution) - name and address:			
	Command and Staff College (and/or similar military officers institutions) - name and address:			
	Police Academy (and/or similar law enforcement training institution) - name and address:			

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	NAME of INSTITUTION, PLACE AND COUNTRY. Please give complete address.	ATTENDED:		DEGREES and ACADEMIC DISTINCTIONS OBTAINED
		FROM: Month/Year	TO: Month/Year	
Civilian Degrees				

5. MILITARY AND/OR POLICE TRAINING COURSES/SEMINARS: Related to the post

Name of Course	Date attended: FROM mm/yy- TO mm/yy	Institution

6. EXPERIENCE IN PEACEKEEPING OPERATIONS:
Specify UN or other International Experience, start with your most recent experience and list in reverse order

Dates FROM mm/yy- TO mm/yy	Mission/ Operation/Locati on	Position/title (Milob, HQ Staff, Contgt, Adviser, International Police Officer (IPO), Police Adviser, FPU Officer, Professional Post or Above)	Description of duties

7. COMMAND EXPERIENCE (at Battalion/equivalent level or above when applying for position at the P5 level and above):

Start with your most recent experience and list in reverse order

Dates FROM mm/yy- TO mm/yy	Unit level: Company/ Battalion/ Brigade/ Division or equivalent. Police Command Experience	Unit/Position/Org	Significant Unit Activities

8. SIGNIFICANT EXPERIENCE RELATED TO THE FUNCTIONS OF THE POST/S YOU ARE APPLYING:

Start with your most recent experience and list in reverse order

Dates FROM mm/yy- TO mm/yy	Position/Org	Operation/Activity

9. INTERNATIONAL EXPOSURE OTHER THAN PEACEKEEPING OPERATIONS:

Start with your most recent experience and list in reverse order

Date: FROM mm/yy- TO mm/yy	Position/Org	Function/Activity

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10. Additional Comments.

[Empty box for additional comments]

11. I certify that the statements made by me in answer to the foregoing questions are complete and correct. I understand that any misrepresentation or material omission made on a Personal History form or other document requested by the Organization renders a candidate ineligible for further consideration.

I declare that I have never committed, been convicted of and am not currently under investigation or being prosecuted for any criminal, human rights, civil action or disciplinary offence, with the exception of minor traffic violations (driving while intoxicated or dangerous or careless driving are not considered minor traffic violations for this purpose). I declare that I have not been involved, by act or omission, in the commission of any violation of international human rights law or international humanitarian law.

I am not able to attest to the preceding paragraphs for the following reasons:
.....
.....

Date Signature

N.B. You will be requested to supply documentary evidence which supports the statements you have made above. Do not, however, send any documentary evidence until you have been asked to do so by the Organization and, in any event, do not submit the original texts of references or testimonials unless they have been obtained for the sole use of the Organization.

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24. EDUCATION, Give full details. N.B. Please give exact titles of degrees in original language. Please do not translate or equate to other degrees.

A. University or equivalent NAME, PLACE AND COUNTRY Please give complete address.	ATTENDED FROM/TO		DEGREES and ACADEMIC DISTINCTIONS OBTAINED	MAIN COURSE OF STUDY
	Month/Year	Month/Year		

B. SCHOOLS OR OTHER FORMAL TRAINING OR EDUCATION FROM AGE 14 (e.g., high school, technical school or apprenticeship)

NAME, PLACE AND COUNTRY Please give complete address.	TYPE	YEARS ATTENDED		CERTIFICATES OR DIPLOMAS OBTAINED
		FROM	TO	

25. LIST PROFESSIONAL SOCIETIES AND ACTIVITIES IN CIVIC, PUBLIC OR INTERNATIONAL AFFAIRS

26. LIST ANY SIGNIFICANT PUBLICATIONS YOU HAVE WRITTEN (DO NOT ATTACH)

27. EMPLOYMENT RECORD: Starting with your present post, list in REVERSE ORDER every employment you have had. Use a separate block for each post. Include also service in the armed forces and note any period during which you were not gainfully employed. If you need more space, attach additional pages of the same size. Give both gross and net salaries per annum for your last or present post.

A. PRESENT POST (LAST POST, IF NOT PRESENTLY IN EMPLOYMENT)

FROM MONTH/YEAR	TO MONTH/YEAR	SALARIES PER ANNUM		EXACT TITLE OF YOUR POST: Full time <input type="checkbox"/> Part time <input type="checkbox"/> hours/week:
		STARTING	FINAL	
NAME OF EMPLOYER:		TYPE OF BUSINESS		
ADDRESS OF EMPLOYER:		NAME OF SUPERVISOR		
		NO. AND KIND OF EMPLOYEES SUPERVISED BY YOU:	REASON FOR LEAVING	
DESCRIPTION OF YOUR DUTIES:				

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IN PREVIOUS POSTS (IN REVERSE ORDER)

FROM MONTH/YEAR	TO MONTH/YEAR	SALARIES PER ANNUM		EXACT TITLE OF YOUR POST: Full time <input type="checkbox"/> Part time <input type="checkbox"/> hours/week
		STARTING	FINAL	
NAME OF EMPLOYER:				TYPE OF BUSINESS:
ADDRESS OF EMPLOYER:				NAME OF SUPERVISOR:
				NO. AND KIND OF EMPLOYEES SUPERVISED BY YOU:
DESCRIPTION OF YOUR DUTIES				

FROM MONTH/YEAR	TO MONTH/YEAR	SALARIES PER ANNUM		EXACT TITLE OF YOUR POST: Full time <input type="checkbox"/> Part time <input type="checkbox"/> hours/week:
		STARTING	FINAL	
NAME OF EMPLOYER:				TYPE OF BUSINESS:
ADDRESS OF EMPLOYER:				NAME OF SUPERVISOR:
				NO. AND KIND OF EMPLOYEES SUPERVISED BY YOU:
DESCRIPTION OF YOUR DUTIES				

FROM MONTH/YEAR	TO MONTH/YEAR	SALARIES PER ANNUM		EXACT TITLE OF YOUR POST: Full time <input type="checkbox"/> Part time <input type="checkbox"/> hours/week:
		STARTING	FINAL	
NAME OF EMPLOYER:				TYPE OF BUSINESS:
ADDRESS OF EMPLOYER:				NAME OF SUPERVISOR:
				NO. AND KIND OF EMPLOYEES SUPERVISED BY YOU:
DESCRIPTION OF YOUR DUTIES				

B. PREVIOUS POSITIONS (IN REVERSE ORDER)

FROM		TO		SALARIES PER ANNUM		EXACT TITLE OF YOUR POST:	
MONTH/YEAR	MONTH/YEAR	STARTING	FINAL			Full time <input type="checkbox"/> Part time <input type="checkbox"/> hours/week:	
NAME OF EMPLOYER:				TYPE OF BUSINESS:			
ADDRESS OF EMPLOYER:				NAME OF SUPERVISOR:			
				NO. AND KIND OF EMPLOYEES SUPERVISED BY YOU:		REASON FOR LEAVING:	
DESCRIPTION OF YOUR DUTIES							
FROM		TO		SALARIES PER ANNUM		EXACT TITLE OF YOUR POST:	
MONTH/YEAR	MONTH/YEAR	STARTING	FINAL			Full time <input type="checkbox"/> Part time <input type="checkbox"/> hours/week:	
NAME OF EMPLOYER:				TYPE OF BUSINESS:			
ADDRESS OF EMPLOYER:				NAME OF SUPERVISOR:			
				NO. AND KIND OF EMPLOYEES SUPERVISED BY YOU:		REASON FOR LEAVING:	
DESCRIPTION OF YOUR DUTIES							
FROM		TO		SALARIES PER ANNUM		EXACT TITLE OF YOUR POST:	
MONTH/YEAR	MONTH/YEAR	STARTING	FINAL			Full time <input type="checkbox"/> Part time <input type="checkbox"/> hours/week:	
NAME OF EMPLOYER:				TYPE OF BUSINESS:			
ADDRESS OF EMPLOYER:				NAME OF SUPERVISOR:			
				NO. AND KIND OF EMPLOYEES SUPERVISED BY YOU:		REASON FOR LEAVING:	
DESCRIPTION OF YOUR DUTIES							

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MONTH/YEAR	MONTH/YEAR	STARTING	FINAL		
NAME OF EMPLOYER:			TYPE OF BUSINESS:		
ADDRESS OF EMPLOYER:			NAME OF SUPERVISOR:		
			NO. AND KIND OF EMPLOYEES SUPERVISED BY YOU:		REASON FOR LEAVING

DESCRIPTION OF YOUR DUTIES

FROM	TO	SALARIES PER ANNUM		EXACT TITLE OF YOUR POST:	
MONTH/YEAR	MONTH/YEAR	STARTING	FINAL	Full time <input type="checkbox"/>	hours/week:
				Part time <input type="checkbox"/>	

NAME OF EMPLOYER:			TYPE OF BUSINESS:		
ADDRESS OF EMPLOYER:			NAME OF SUPERVISOR:		
			NO. AND KIND OF EMPLOYEES SUPERVISED BY YOU:		REASON FOR LEAVING:

DESCRIPTION OF YOUR DUTIES

FROM	TO	SALARIES PER ANNUM		EXACT TITLE OF YOUR POST:	
MONTH/YEAR	MONTH/YEAR	STARTING	FINAL	Full time <input type="checkbox"/>	hours/week:
				Part time <input type="checkbox"/>	

NAME OF EMPLOYER:			TYPE OF BUSINESS:		
ADDRESS OF EMPLOYER:			NAME OF SUPERVISOR:		
			NO. AND KIND OF EMPLOYEES SUPERVISED BY YOU:		REASON FOR LEAVING:

DESCRIPTION OF YOUR DUTIES

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FROM		TO		SALARIES PER ANNUM		EXACT TITLE OF YOUR POST:
MONTH/YEAR	MONTH/YEAR	STARTING	FINAL	Full time <input type="checkbox"/>	Part time <input type="checkbox"/> hours/week	
NAME OF EMPLOYER:				TYPE OF BUSINESS:		
ADDRESS OF EMPLOYER:				NAME OF SUPERVISOR:		
				NO. AND KIND OF EMPLOYEES SUPERVISED BY YOU:		REASON FOR LEAVING:
DESCRIPTION OF YOUR DUTIES						

FROM		TO		SALARIES PER ANNUM		EXACT TITLE OF YOUR POST:
MONTH/YEAR	MONTH/YEAR	STARTING	FINAL	Full time <input type="checkbox"/>	Part time <input type="checkbox"/> hours/week:	
NAME OF EMPLOYER:				TYPE OF BUSINESS:		
ADDRESS OF EMPLOYER:				NAME OF SUPERVISOR:		
				NO. AND KIND OF EMPLOYEES SUPERVISED BY YOU:		REASON FOR LEAVING:
DESCRIPTION OF YOUR DUTIES						

FROM		TO		SALARIES PER ANNUM		EXACT TITLE OF YOUR POST:
MONTH/YEAR	MONTH/YEAR	STARTING	FINAL	Full time <input type="checkbox"/>	Part time <input type="checkbox"/> hours/week:	
NAME OF EMPLOYER:				TYPE OF BUSINESS:		
ADDRESS OF EMPLOYER:				NAME OF SUPERVISOR:		
				NO. AND KIND OF EMPLOYEES SUPERVISED BY YOU:		REASON FOR LEAVING:
DESCRIPTION OF YOUR DUTIES						

FROM	TO	SALARIES PER ANNUM		EXACT TITLE OF YOUR POST:
MONTH/YEAR	MONTH/YEAR	STARTING	FINAL	
NAME OF EMPLOYER:				TYPE OF BUSINESS:
ADDRESS OF EMPLOYER:				NAME OF SUPERVISOR:
				NO. AND KIND OF EMPLOYEES SUPERVISED BY YOU:
				REASON FOR LEAVING:

DESCRIPTION OF YOUR DUTIES

FROM	TO	SALARIES PER ANNUM		EXACT TITLE OF YOUR POST:
MONTH/YEAR	MONTH/YEAR	STARTING	FINAL	
NAME OF EMPLOYER:				TYPE OF BUSINESS:
ADDRESS OF EMPLOYER:				NAME OF SUPERVISOR:
				NO. AND KIND OF EMPLOYEES SUPERVISED BY YOU:
				REASON FOR LEAVING:

DESCRIPTION OF YOUR DUTIES

FROM	TO	SALARIES PER ANNUM		EXACT TITLE OF YOUR POST:
MONTH/YEAR	MONTH/YEAR	STARTING	FINAL	
NAME OF EMPLOYER:				TYPE OF BUSINESS:
ADDRESS OF EMPLOYER:				NAME OF SUPERVISOR:
				NO. AND KIND OF EMPLOYEES SUPERVISED BY YOU:
				REASON FOR LEAVING:

DESCRIPTION OF YOUR DUTIES

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FROM		TO		SALARIES PER ANNUM		EXACT TITLE OF YOUR POST: Full time <input type="checkbox"/> Part time <input type="checkbox"/> hours/week:
MONTH/YEAR	MONTH/YEAR	STARTING	FINAL	STARTING	FINAL	
NAME OF EMPLOYER:						TYPE OF BUSINESS:
ADDRESS OF EMPLOYER:						NAME OF SUPERVISOR:
NO. AND KIND OF EMPLOYEES SUPERVISED BY YOU:					REASON FOR LEAVING:	

DESCRIPTION OF YOUR DUTIES

FROM		TO		SALARIES PER ANNUM		EXACT TITLE OF YOUR POST: Full time <input type="checkbox"/> Part time <input type="checkbox"/> hours/week:
MONTH/YEAR	MONTH/YEAR	STARTING	FINAL	STARTING	FINAL	
NAME OF EMPLOYER:						TYPE OF BUSINESS:
ADDRESS OF EMPLOYER:						NAME OF SUPERVISOR:
NO. AND KIND OF EMPLOYEES SUPERVISED BY YOU:					REASON FOR LEAVING:	

DESCRIPTION OF YOUR DUTIES

FROM		TO		SALARIES PER ANNUM		EXACT TITLE OF YOUR POST: Full time <input type="checkbox"/> Part time <input type="checkbox"/> hours/week:
MONTH/YEAR	MONTH/YEAR	STARTING	FINAL	STARTING	FINAL	
NAME OF EMPLOYER:						TYPE OF BUSINESS:
ADDRESS OF EMPLOYER:						NAME OF SUPERVISOR:
NO. AND KIND OF EMPLOYEES SUPERVISED BY YOU:					REASON FOR LEAVING:	

DESCRIPTION OF YOUR DUTIES

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28. HAVE YOU ANY OBJECTIONS TO OUR MAKING INQUIRIES OF YOUR PRESENT EMPLOYER? YES NO

29. ARE YOU NOW OR HAVE YOU EVER BEEN A CIVIL SERVANT IN YOUR GOVERNMENT'S EMPLOY? YES NO
If answer is "yes", WHEN?

30. REFERENCES: List three persons, not related to you, and are not current United Nations staff members, who are familiar with your character and qualifications.

Do not repeat names of supervisors listed under Item 27.

FULL NAME	FULL ADDRESS	BUSINESS OR OCCUPATION

31. STATE ANY OTHER RELEVANT FACTS. INCLUDE INFORMATION REGARDING ANY RESIDENCE OUTSIDE THE COUNTRY OF YOUR NATIONALITY.

32. HAVE YOU EVER BEEN ARRESTED, INDICTED, OR SUMMONED INTO COURT AS A DEFENDANT IN A CRIMINAL PROCEEDING, OR CONVICTED, FINED OR IMPRISONED FOR THE VIOLATION OF ANY LAW (excluding minor traffic violations)? YES NO

If "yes", give full particulars of each case in an attached statement.

33. OTHER AGENCIES OF THE UNITED NATIONS SYSTEM MAY BE INTERESTED IN OUR APPLICANTS. DO YOU HAVE ANY OBJECTION TO YOUR PERSONAL HISTORY FORM BEING MADE AVAILABLE TO THEM? YES NO

34. I certify that the statements made by me in answer to the foregoing questions are true, complete and correct to the best of my knowledge and belief. I understand that any misrepresentation or material omission made on a Personal History form or other document requested by the Organization renders a staff member of the United Nations liable to termination or dismissal.

DATE (day, month, year)

SIGNATURE:

N.B. You will be requested to supply documentary evidence which supports the statements you have made above. Do not, however, send any documentary evidence until you have been asked to do so by the Organization and, in any event, do not submit the original texts of references or testimonials unless they have been obtained for the sole use of the Organization.

I