CIN : L74999DL2003GOI118633

रेल विकास निगम लिमिटेड
Rail Vikas Nigam Limited
गुणवत्ता, गति एवं पारदर्शिता
(A Government of India Enterprise)

ISSUED ON 22.04.2025

VACANCY NOTICE

No. RVNL/2025/INDENT/9/1 **VACANCY NOTICE NO. 2025/RVNL/19-FIN**

ORGANIZATION	:	RAIL VIKAS NIGAM LTD. (RVNL)
TITLE & NO. OF POSTS	:	GENERAL MANAGER (FINANCE) - 2 POSTS
LOCATION	:	**CORPORATE OFFICE- NEW DELHI**
DURATION	:	FOR DEPUTATION- FIVE YEARS SUBJECT TO GOVT'S APPROVAL FOR EXEMPTION TO RVNL FROM THE RULE OF IMMEDIATE ABSORPTION
SERVICE/DEPARTMENT	:	IRAS / OTHER ORGANIZED ACCOUNTS SERVICE
TERMS OF APPOINTMENT	:	DEPUTATION / ABSORPTION BASIS
AGE	:	FOR DEPUTATION - BELOW 58 YEARS FOR ABSORPTION - NOT ABOVE 57 YEARS
SCALE OF PAY	:	PARENT PAY PLUS DEPUTATION ALLOWANCE ON DEPUTATION / IDA SCALE (Rs. 120000-280000/-) ON ABSORPTION
EXPERIENCE	:	PREFERENCE WILL BE GIVEN TO THE CANDIDATES HAVING EXPERIENCE OF WORKING IN CONSTRUCTION ORGANIZATION.
MINIMUM ELIGIBILITY	:	**FOR GM(FIN): {LEVEL-14(CDA) / IDA E-8 (Rs.120000-280000/-)}**: OFFICERS HOLDING SUBSTANTIVELY (i) posts in analogous grade (CDA / IDA) **OR** (ii) posts in Level-13(CDA) & having 17 years' service in Group 'A' **OR** (iii) Posts carrying grade IDA E-7 (Rs. 100000-260000/-) for four years.
NOTE	:	CUT OFF DATE FOR AGE AND ELIGIBILITY WOULD BE RECKONED AS ON CLOSING DATE OF VACANCY NOTICE
WEB ADDRESS	:	www.rvnl.org - Career – Jobs
CLOSING DATE	:	30 DAYS FROM DATE OF ISSUE

CANDIDATES MUST APPLY THROUGH PROPER CHANNEL FOR SELECTION ON DEPUTATION/ABSORPTION BASIS AGAINST THE ABOVE-MENTIONED VACANCIES IN THE PRESCRIBED PROFORMA AVAILABLE AT THE WEB ADDRESS INDICATED ABOVE.

IN ADDITION, A SCANNED COPY OF THE DULY FILLED IN AND SIGNED PROFORMA IN PDF FORMAT MUST ALSO BE SENT BY CANDIDATE DIRECTLY BY E-MAIL TO **rvnl.deputation@rvnl.org** AS AN ADVANCE COPY.

CONCERNED CONTROLLING OFFICER / ZONAL RAILWAYS ETC. MAY FORWARD THE APPLICATIONS OF **ONLY ELIGIBLE CANDIDATES** ALONGWITH VIGILANCE/DAR CLEARANCE AND LAST 05 YEARS APAR GRADING TO EMAIL rvnl.deputation@rvnl.org WITHIN 15 DAYS OF CLOSING DATE.

AMIT KUMAR

Digitally signed by AMIT KUMAR
Date: 2025.04.22 15:12:18 +05'30'

(AMIT KUMAR)
JGM (HR)

PRESCRIBED PROFORMA
FOR SUBMISSION OF APPLICATIONS ON DEPUTATION / ABSORPTION BASIS

Important *(Please don't leave blanks)*	**Vacancy Notice No.** *(appears on the top right side of notice)*		Photograph
	Post against which application has been submitted		
	Choice of Station *(wherever applicable)*		
	Applying on Deputation/ Absorption basis		

Personal Data

1.	Name	:	
2.	Gender	:	
3.	Service	:	
4.	Department	:	
5.	Category	:	
6.	Date of Birth	:	
7.	Age (as on Closing Date of Notification)	:	
8.	DITS (Date of entry into Time Scale)	:	
9.	Date of entry in Group B *(Wherever applicable)*	:	
10.	Present Grade/ Pay Level in Pay Matrix (7th CPC) & Basic Pay	:	
11.	Present Post/Post on which working	:	
12.	Contact Details		
	(a) Email ID	:	
	(b) Mobile Number	:	
13	(a) Present Organization Address	:	
	(b) Personnel/HR Deptt. Contact Details	:	
	(c) Email address of Personnel /HR Deptt		

14. Educational Qualifications: -

S.No.	**Qualification/Degree**	**Year/ Division**	**Institution/University, Place/ Country**

15. Experience Details: -

S.No.	Designation & Organization with Place of posting	Grade / Level	Period of Service		Job Profile/ Brief Details of Work done / Experience
			From	To	

16. Details of previous deputation/foreign assignment (if any): -

S.No.	Organization	Designation	From	To

17.	Whether debarred from deputation? If yes, please furnish details.	:	
18.	Whether cooling off period completed. If yes, date of return from previous deputation with details, wherever applicable	:	

19. APAR Ratings for last 5 years: *Copy of APARs/Grading to be attached (Not to be left blank)*

Year	Rating

20. Awards, if any: -

S.No.	Name of award	Brief Details

21. Punishments, if any in career: -

22. Whether presently undergoing punishment. If yes, give details.

I certify that the details furnished by me above are true and I am eligible for the post as the criteria laid down in the vacancy notice.

(Name and Signature of the applicant)

Place:
Date: