

Ministry of Health & Family Welfare  
Government of India  
Department of Health & Family Welfare  
Nirman Bhawan, New Delhi – 110011

**RECRUITMENT OF CONTRACTUAL STAFF FOR PROGRAMME MANAGEMENT UNIT  
(TRAUMA & BURNS)**

The Ministry of Health & Family Welfare is inviting applications for recruitment against following posts purely on contract basis for the programme management unit, Trauma & Burns under National Programme namely (Capacity Building for developing Trauma Care Facilities in Govt. Hospitals on National Highways and (ii) National Programmed for Prevention & Management of Burn Injuries.

S. No.	Position	No. of Posts	Essential Qualification	Age Limit	Consolidated Remuneration per month (Rs.)
1.	Senior Technical Consultant	2	MBBS with Post Graduate Degree/Diploma in any discipline and relevant experience in Health Programme of 2 years for degree holders and 3 years for diploma holders.	62	80,000
2.	Consultant Technical (NPPMBI)	1	MBBS with Post Graduate Degree/Diploma in any discipline and relevant experience in Health Programme of 1 years for degree holders and 2 years for diploma holders.	62	60,000
3.	Consultant Finance (Trauma & Burn)	1	M.Com or equivalent with 1 year experience	62	60,000
4.	Consultant Training	1	MBBS with MPH/DPH/MHA or equivalent with 2 years' experience in Public Health Or Graduate with MPH/DPH/MHA or equivalent with 3 years' experience in Public Health	62	60,000
5.	Consultant Monitoring	1	MBBS with MPH/DPH/MHA or equivalent with 2 years' experience in Public Health Or Graduate with MPH/DPH/MHA or equivalent with 3 years' experience in Public Health	62	60,000

1. Applications should be conversant with the use of computers in word processing, worksheets for data compilation, basic analysis, internet use and presentations.
2. The applicants should be able to tour extensively for monitoring and supervision.
3. **Age limit:** Candidate should not be more than years of age prescribed above on the date of application.
4. **Tenure:** Initially upto 31<sup>st</sup> March, 2017 (extendable) subject to satisfactory performance and continuation of the respective programme.
5. Place of duty shall be New Delhi.

Contd....2/-

6. The remuneration offered is consolidated and fixed. No allowance is admissible.
7. A candidate can also apply for more than one post, if eligible, but on separate application forms.

Candidates shall be required to submit the prescribed application form duly filled up with copies of certificates (self-attested) as proof of age, educational qualification and experience, etc. **all original documents will be verified subsequently**. Prescribed Application Form can be downloaded from the Website of the Ministry of Health & Family Welfare.

Application Form should be submitted within Three (3) weeks from the date of publication at the address given below:

Shri Oma Nand  
Director (H)  
Ministry of Health & Family Welfare  
R.No. 407 'A', Nirman Bhawan,  
New Delhi – 110011

**Ministry of Health & Family Welfare, Nirman Bhawan, New Delhi - 110108**  
**Recruitment of contractual staff for Programme Management Unit (Trauma & Burns)**

APPLICATION FORM

To be filled by office only

Name of the post \_\_\_\_\_

**Post applied for** \_\_\_\_\_

1. Name of the Applicant : \_\_\_\_\_

2. Father's Name : \_\_\_\_\_

3. Date of Birth : \_\_\_\_\_

4. Gender : M/F : \_\_\_\_\_

5. Educational Qualification :

S. No.	Academic / Professional Qualification	Name of Institution	Board / University	Course Duration / Yr. of Passing out	Division / Grade / % of marks

6. Experience:

S. No.	Designation	Name of Institution / Employer	From ---- to	Field of Experience	Salary drawn

7. Training / Short Course attended :

8. Award and / or Outstanding Achievements:

9. Contact Details:

a. Mailing Address : \_\_\_\_\_

\_\_\_\_\_

b. Permanent Address : \_\_\_\_\_

\_\_\_\_\_

c. Telephone Number (Res) \_\_\_\_\_ (Mob) \_\_\_\_\_

d. Email -ID \_\_\_\_\_

10. Documents to be enclosed : Duly attested by Gazetted Officer (please Tick)

- a. Degree / Diploma / Certificate (    )
- b. Experience Certificates (    )
- c. Age Proof (    )
- d. Any Other (    )

11. Undertaking :

I hereby certify that all the information given above is true to the best of my knowledge. If any of the above information is found to be incorrect at a later stage, I shall be liable to be disqualified / terminated from the service.

Date : \_\_\_\_\_

Place : \_\_\_\_\_

Signature of the Applicant