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MINISTRY OF HEALTH AND FAMILY WELFARE		
Department of Health and Family Welfare, Nirman Bhawan, Maulana Azad Road, New Delhi, 110011		
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NOTIFICATION		

Applications are invited from the Citizens of India for the post of **Secretary-National Medical Commission (NMC)**. The qualifications for the said post are as under: -

1. QUALIFICATION

Essential:

- (i) Post-graduate degree in any discipline;

Desirable:

- (ii) Preference may be given to persons having medical qualification.
- (iii) In case of medical professionals, the candidate must be registered with the State Medical Council/ Medical Council of India.

2. EXPERIENCE

Having experience in the Central Government or a State Government or any statutory body or recognized organization or institution of not less than fifteen years in his related service or profession in Level 12 in the pay matrix (Rs. 78800-209200/-) or equivalent thereto or above along with administrative experience of not less than ten years;

3. DESIRABLE COMPETENCIES

- i) Must have proven high quality and effective communication skills at all levels
- ii) Must have demonstrable experience of ethical leadership with proven ability to work collaboratively with multi-disciplinary stakeholders
- iii) Strong management experience, organizational strategy and planning experience for more than 7 years
- iv) Proven ability to inspire, engage and empower the medical workforce across a range of medical specialties, while upholding the highest standards of personal and

- professional and professional integrity
- v) Ability to build trusting relationships with peers and stakeholders and to act as an ambassador for the medical profession in India and across the globe.
 - vi) Uphold patient safety and quality of care at all times, including initiating prompt action on concerns w.r.t quality of clinical care.
 - vii) Serve as a role model for the entire medical profession through leadership, service and contribution to the medical and healthcare profession
 - viii) Demonstrated ability to utilize resources effectively for maximum benefit to patients and society.
 - ix) Evidence based medicine.
 - x) Quality management in healthcare.

4. UPPER AGE LIMIT: Not exceeding 65 years of age as on 01.08.2019.

5. TENURE OF SERVICE: Secretary shall hold office for a term of 4 years from the date on which he/she enters upon his office or until he attains the age of Seventy years (70) whichever is earlier and shall not be eligible for any extension or reappointment.

6. OTHER INFORMATION

Those who are working in Central/ State Government/ Autonomous body should send "No Objection Certificate" from their respective organization along with their application. The period of deputation shall be 4 years with no extension or re-appointment beyond the time period. The pay will be protected as per Government of India Rules.

The following documents may also please be sent along with the application, by those applicants currently serving actively within the Central/State Government/s.:

- i) Complete ACR dossier's/attested copies of ACRs of the applicant (last five years).
- ii) Vigilance Clearance in respect of applicant duly signed by an officer of the appropriate Status.
- iii) Cadre Clearance in respect of applicant duly signed by an officer of the appropriate Status
- iv) Certificate, Major/Minor penalty imposed if any, on the officer during the last 10 years/service period whichever is less.

For all other applicants, the following or equivalent documents may be forwarded along with the application:

- i) Detailed performance review/assessment records for at least three years (if not applicable, please state the reason)
- ii) Records of any major/minor penalty for offences or any violations of the law during the last 10 years, if applicable.

Screening and shortlisting of applications will be done by the Search and Selection Committee or a suitable sub-committee appointed by it.

The qualification prescribed is the minimum requirement and the same does not automatically make candidates eligible for the interview. Based on the information provided as part of the proforma, the Search and Selection Committee will get candidates shortlisted for interview. Candidates shortlisted for the interview will have to produce all relevant original documents in proof of details furnished in their application at the time of the interview.

A candidate applying for more than one position will have to fill separate Proforma for each position.

PROFORMA**NAME AND PARTICULARS OF CANDIDATE FOR THE POST OF SECRETARY,
NMC**

1. Name: _____
2. Position applied for: _____
3. Date of Birth and Age (as on 01.08.2019): _____
4. Present Address (Office): _____

5. Permanent Address: _____

6. Phone: _____
7. Mobile: _____
8. Email: _____
9. Academic qualifications:

S. No.	Qualification	Year of Passing	Percentage/scores attained	College/ University
a)	Graduation			
b)	Post-graduation			
c)	Additional qualification			

(Rows may be added as per need)

10. Field(s) of specialization: _____

11. Experience (Academic/Research):

S. No.	Nature of experience	Designation and Institute of work	From	To
a)	Before Post			

	Graduation			
b)	After Post Graduation			

Please specify details of experience in leadership role:

S. No.	Nature of experience	Designation and Institute of work	From	To
a)				
b)				

12. Experience (Administrative):

S. No.	Administration	Designation and Institute of work	From	To	Major Accomplishments
a)					
b)					

13. Details of significant contributions to healthcare policy formulation process in India, and medical education including timeframe, role and nature of work
14. Details of service in the rural/underserved/difficult areas including timeframe and nature of work
15. List of PubMed Publications (Please attach a detailed list)
16. List of books/ monographs/ articles authored by the applicant pertaining to medical education/ ethics (Please attach a detailed list)
17. Extra-curricular work such as medico-social work, journalistic or other literary activities etc.(Please attach a detailed list)
18. Awards and recognitions (Please attach a detailed list)
19. Fellowships/ Memberships:
20. Scale of Pay:
21. Last drawn Salary:

Date

Name & Signature

DECLARATION

I hereby, declare that all the information provided by me is true to my knowledge and I give my consent to accept the post of **Secretary, National Medical Commission**, if selected.

Signature _____

Name & Designation _____

PLACE: _____

DATED: _____