Tele.:	सत्यमेव जयते	Phone: Fax:
Ministry of Health and Family	y Welfare	
Department of Health and Fa	amily Welfare, Nirman Bhawa	n, Maulana Azad Road, New Delhi, 110011

NOTIFICATION

Applications are invited for the post of President and Members of the Autonomous Boards of the NMC.

1. The last date of receipt of application shall be 15 days from publishing of advertisement in Newspapers.

2. In case of individuals/ candidates who are in the service of Central Government or a State Government or Union Territory Administration, their appointment shall be treated as deputation for the posts of President/ Whole-time Member of Autonomous Boards and Secretary, NMC.

3. Detailed advertisement and the application format will be hosted on the Ministry of Health and Family Welfare website at <u>www.mohfw.gov.in</u> and may be downloaded.

4. Duly filled application in the prescribed proforma along with attested copy of all relevant certificates super-scribing on the envelope "Application for the Post of **President and Members of the Autonomous Boards of the NMC**" should be sent to the following address:

Secretary, Department of Health and Family Welfare, Nirman Bhawan, Maulana Azad Road, New Delhi-110011

5. Scanned copies of the applications along with all relevant documents **must** be sent on the email address: mepsection-mohfw@gov.in.

6. Both the hard copy and online applications are mandatory for consideration of candidature. The scanned online copy will be considered as the final application and must be received by the due date and time at the designated email address.

STALES HERS	Phone:
	Fax:
सत्यमेव जयते	
istry of Health and Family	Welfare
ily Welfare, Nirman Bhaw 110011	an, Maulana Azad Road, New Delhi,
	istry of Health and Family ily Welfare, Nirman Bhaw

NOTIFICATION

Applications are invited from the Citizens of India for the post of President and Members of Autonomous Boards of National Medical Commission (NMC). The qualifications for the said post are as under: -

1. NUMBER OF POSITIONS -3

S.No.	Name of the Board	Name of the position	Number of positions	Tenure (in years)
1	Medical Assessment and Rating Board	President	1	4
2	Post-Graduate Medical Education Board	Member (Whole time)	1	4
3	Under-Graduate Medical Education Board	Member (Part time)	1	2

2. QUALIFICATION

- i. A recognised postgraduate degree in any discipline of Medical Sciences from any University.
- ii. In case of medical professionals, the candidate must be registered with the State Medical Council/ Medical Council of India (now National Medical Commission).

3. EXPERIENCE:

The candidate must have experience of not less than 15 years standing in the field of medical science after post-graduation, including at least 7 years as leader in the area of medical education, public health community medicine or health research.

4. 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.

5. AGE LIMIT: Not exceeding 66 years of age as on 01.08.2024 for President/ Whole-time Members of Autonomous Boards. Not exceeding 68 years of age as on 01.08.2024 for Part-time Member of Autonomous Boards

6. **TENURE OF SERVICE:** President/ members (whole time) shall hold office for a term not exceeding four years and members (part-time) shall hold office for term not exceeding two 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.

7. PAY SCALE: Level 15 in the Pay Matrix as per 7th CPC for President/ Whole-time Members of Autonomous Boards. Sitting fees for Part-time Members of Autonomous Boards as prescribed in the National Medical Commission, Autonomous Boards (Manner of Appointment of Fourth Member and the Salary, Allowances and Terms and Conditions of Service, and Declaration of Assets, Professional and Commercial Engagements of President and Members) Rules, 2019.

8. 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 for President/Member (whole-time) with no extension or re-appointment beyond the time period. Members (part-time) shall hold the Office for a term of 02 years with no extension or re-appointment beyond the time period.

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.

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 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.

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

PROFORMA

NAME AND PARTICULARS OF CANDIDATE FOR VARIOUS POSTS IN NATIONAL MEDICAL COMMISSION

Please tick () the desired post (Multiple posts can also be ticked in this proforma)

- □ President, MARB, NMC
- □ Member (Whole Time), PGMEB, NMC
- □ Member (Part Time), UGMEB, NMC

8. 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, alongwith documentary proof attached)

9. Field(s) of specialization:

10. Experience(Academic/ Research):

S. No.	Nature of experience	Designation and Institute of work	From	То
a)	Before Post Graduation			
b)	After Post Graduation			

(Rows may be added as per need, alongwith documentary proof attached)

Please specify details of experience in leadership role:

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

(Rows may be added as per need, alongwith documentary proof attached)

11. Experience (Administrative):

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

(Rows may be added as per need, alongwith documentary proof attached)

- 12. Additional achievements/ accomplishments (in policy formulation, service in rural/ difficult areas/ any publication/ medico-social work) (summarized in two page only)
- 13. Awards and recognitions. (Please attach the list)
- 14. Fellowships/ Memberships:
- 15. Scale of Pay:
- 16. 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, if selected.

Signature _____

Name _____

Designation _____

Place:

Dated: