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MINISTRY OF HEALTH AND FAMILY WELFARE ON BEHALF OF THE SEARCH AND SELECTION COMMITTEE UNDER NCAHP ACT 2021		
ADDRESS:		
Room No.539 'A' Wing, AHS Section, Department of Health & Family Welfare, Nirman Bhawan, New Delhi-110011.		
F. No. Z-28016/01/2023-AHS		

ADVERTISEMENT

Applications are invited for the post of **Secretary of the National Commission for Allied and Healthcare Professions** under the **National Commission for Allied and Healthcare Professions Act, 2021** (NCAHP). The qualification and experience for the said post are as under: -

1. QUALIFICATION

- i) A post graduate degree in any discipline, preferably related to Medical or Allied and Healthcare education or healthcare policy or health administration or public health from any University with outstanding ability and proven administrative capacity and integrity.

2. EXPERIENCE

- i) An administrative experience of not less than ten years.
- ii) Experience in the Central Government, a State Government, or any statutory body will be preferred.
- iii) Extensive practical and administrative experience in the field of Allied and Healthcare Education/ Research and experience in running important scientific/educational Institutions either as Head of the Department or Head of the Institution/ Organization

3. DESIRABLE COMPETENCIES

- i) Must have proven high-quality and effective communication skills at all levels
- ii) Must have demonstrable experience of values-led leadership with proven ability to work collaboratively with multi-disciplinary stakeholders
- iii) Proven ability to inspire, engage and empower the allied and healthcare workforce across a range of categories and specialties while upholding the highest standards of personal and professional integrity

- iv) Strong management experience, organisational strategy and planning experience for more than 10 years.
- v) Ability to build trusting relationships with peers and stakeholders and to act as a leader and ambassador for the profession in India and across the globe.
- vi) Demonstrated ability to utilize resources effectively for maximum benefit to professions and society at large.

4. TENURE OF SERVICE: The Secretary to the Commission shall hold office for a term of four years.

5. UPPER AGE LIMIT: Not exceeding 65 years of age as on **22.03.2025**.

6. OTHER INFORMATION

Those who are working in the Central/ State Government/ Autonomous body should send a "No Objection Certificate" from their respective organization along with their application. The period of deputation shall be as per the tenure of the position. 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 the applicant duly signed by an officer of the appropriate Status.
- iii) Cadre Clearance in respect of the 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 cum Selection Committee (SSC), 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 position. **Details must be filled in the desired format (proforma), failing which the application will not be considered.**

Based on the information provided as part of the proforma, the SSC will shortlist the candidates and follow a process for finalization as found appropriate by the members of the SSC. Candidates shortlisted will have to produce all relevant original documents in proof of details furnished in their application as and when requested by the Search cum Selection Committee.

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

1. Name: _____
2. Date of Birth and Age (as on **22.03.2025**): _____
3. Present Address (Office): _____

4. Permanent Address: _____

5. Phone: _____
6. Mobile: _____
7. Email: _____
8. Whether citizen of India (Y/N): _____
9. Profession: _____
10. Field(s) of specialization: _____
11. Current Designation: _____
12. Academic qualifications and educational details:

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)

13. Experience(Academic/ Research/Clinical/ Administrative):
 - i. Total experience (specify in years): _____
 - ii. Before Post Graduation (specify in years): _____

S. No.	Designation	Institute of work	From	To

(Rows may be added as per need)

iii. After Post Graduation (specify in years): _____

S. No.	Designation	Institute of work	From	To

(Rows may be added as per need)

iv. Leadership role: _____ (total experience in leadership roles, specify in years)

S. No.	Designation and Institute of work	From	To	Nature of duties

(Rows may be added as per need)

14. Details of any significant contributions to allied and healthcare policy formulation process in India/ State level, and/ education including timeframe, role and nature of work
15. **Total number of publications:** _____
 - (a) List of PubMed Publications (Please attach a detailed list)
 - (b) List of books/monographs/articles authored by the applicant pertaining to allied and healthcare education/ services/ research (Please attach a detailed list)
16. Extra-curricular work such as medico-social work, journalistic or other literary activities etc. (Please attach a detailed list)
17. Awards and recognitions (Please attach a detailed list)
18. Fellowships/ Memberships (Please attach a detailed list)
19. Scale of Pay:
20. 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 Commission for Allied and Healthcare Professions under the NCAHP Act, 2021**, if selected.

Signature _____

Name & Designation _____

PLACE: _____

DATED: _____