

No.Z.28015/7/2018-E-II  
Government of India  
Ministry of Health & Family Welfare  
Department of Health & Family Welfare

Nirman Bhawan, New Delhi  
Dated the 28 December, 2018

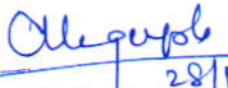
**CIRCULAR**

Subject: Engagement of Consultant in the Department of Health and Family Welfare on contract basis.

Department of Health and Family Welfare invites applications from retired Section Officers for engagement as Consultant on contract basis for a period of one year. The consultant will be posted in the Department. Detailed terms and conditions of engagement of consultant are annexed. The eligibly criteria and other details are as follow:

|    |  |   |
|----|--|---|
| 1. | No. of consultants to be engaged on contract basis:  | 1   |
| 2. | Age limit  | Maximum of 65 years as on date of application |
| 3. | Place of assignment  | Department of Health & Family Welfare         |
| 4. | Eligibility  | Retired SO or equivalent                      |
| 5. | Assignments: To assist in the following matters of Health Public Enterprises.<br>1. Disinvestment related to CPSEs<br>2. PMO and other Public Grievances, RTIs, MPs/VIP references<br>3. Parliamentary Question<br>4. Parliamentary Committees on CPSUs, Annual Report, CAG Audit.<br>5. Other administrative matters relating to CPSEs as well as D/o Public Enterprises & D/o Investment & Public Assets Management. |   |

2. Interested persons who are in a position to join immediately on call may submit their particulars in the enclosed format along with relevant documents to the Section Officer (Establishment-II), Room No.316-D, Nirman Bhawan, New Delhi within two weeks of issue this Circular.

  
( A K Gupta ) 28/12/18

Under Secretary to Government of India  
Telefax: 23061323

1. Copy forwarded to NIC for publishing the circular in the Department's website.
2. Notice board
3. E-office notice board.

Terms and Conditions for engagement of Consultant in Ministry of Health & Family Welfare.

1. The Consultant shall perform the services as assigned by the controlling officer.
2. The normal working hours would be from 9.00 am to 5.30 p.m. with lunch break of 30 minutes from 1.00 p.m. to 1.30 p.m. from Monday to Friday.
3. The consultant shall be entitled to 8 days of Casual Leave during a period of one year of engagement to be availed with prior permission.
4. In special circumstances, the consultant could be called for services on holidays or beyond normal working hours.
5. The contractual appointment is for a maximum period of one year, extendable as per requirement, in Ministry of Health & Family Welfare.
6. The consultant shall be paid a consolidated remuneration as per the formula of last pay drawn minus pension subject to TDS etc. The remuneration for the services rendered in a month shall be payable in subsequent month. No other allowances shall be permissible to him except TA/DA on official tours. TA/DA entitlement shall be the same as what was entitled to him at the time of retirement from the service.
7. Ministry of Health & Family Welfare shall have the right to examine / review the services provided by him.
8. He shall perform his obligations with all necessary skills, diligence, efficiency and economy.
9. No medical facility shall be provided to him by the Ministry of Health and Family Welfare. The remuneration is deemed to include an element to cover the cost of medical cover, if any.
10. The Ministry shall not be responsible for any loss, accident, damages / injury suffered by him, whatsoever arising in or out of the execution of his work, including travel.
11. During the terms of service, he shall not engage in any private business of professional activity which could conflict with the interest of the Government.
12. He shall treat all official information as confidential and use the same only for the purpose of the performance of the services.
13. The service can be terminated by either side by giving one month's notice.

APPLICATION FORMAT FOR APPOINTMENT AS CONSULTANT IN THE  
DEPARTMENT OF HEALTH & FAMILY WELFARE

Name  
Father's Name  
Date of Birth  
Aadhar Number



Date of Retirement  
Office where last worked  
Designation last held  
Last pay drawn  
Pension

Telephone No.  
Mobile No.  
E-mail ID  
Mailing Address  
Permanent Address

Educational Qualification

Work Experience (Add separate sheet is required)

| Organization/Institute | Period |    | Nature of work | Remarks |
|------------------------|--------|----|----------------|---------|
|                        | From   | To |                |         |
|                        |        |    |                |         |
|                        |        |    |                |         |
|                        |        |    |                |         |

Place

Date

(Signature)