| 111-14, 110   | Bat   | ba Gang<br>New  | MILY WELFARE<br>gnath Marg, Munirka<br>Delhi-110 067  |
|---|---|---|---|
| The Na<br>Institute<br>Family<br>promo<br>throug<br>Consu | tional Institute o<br>e funded by the<br>Welfare, is an<br>ting health and<br>h Education f<br>Itancy, Advisor) | f Health a<br>Governm<br>apex tech<br>tamily w<br>and Train<br>y and Spe<br>d by the M<br>gible citiz<br>No. of<br>Post | R DIRECTOR, N.I.H.F.W.<br>Ind Family Welfare, an autonomous<br>ent of India, Ministry of Health and<br>Inical Institute and Think Tank for<br>elfare programmes in the country<br>ning, Research and Evaluation,<br>cialized Services.<br>linistry of Health and Family Welfare<br>ens of India for the tollowing post.<br>Pay Level as per 7th CPC<br>Pay Level in Pay Matrix 15 - |
| 1.  | Director  | 01  | Rs. 1)82,200 + NPA  |
| visit.  | Institute's webs<br>w.mohfw.gov.i<br>Pradio Kumai   | n". Com<br>Pal, Un  | ersion of this advertisement, please<br>w.nihfw.org" Or MoHFW's website<br>bleted applications should reach to<br>der Secretary (Training Division),<br>illy Welfare (Department of Health<br>om No. 414-A, D-Wing, Nirmar<br>before 31.12.2018   |

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# F.No.A.12023/10/2003-Admn.I (2018) THE NATIONAL INSTITUE OF HEALTH AND FAMILY WELFARE (NIHFW) (An Autonomous Body of the Ministry of Health and Family Welfare) Baba Gang Nath Marg, Munirka, New Delhi – 110 067

## VACANCY FOR THE POST OF DIRECTOR

1. Scale of Pay (Pre-revised): Pay Band HAG Rs 67000-79000/- + NPA and other allowances as per Central Government Rules

**Revised Scale:** Pay Level in Pay Matrix 15 – Rs.1,82,200 + NPA and other allowances as per Central Government Rules

### 2. Essential Qualification

- i. A high post-graduate qualification in Medicine or Surgery or Public Health and their branches.
- ii. Teaching and/ or Research experience of not less than ten years.
- iii. Twenty five years standing in the profession.
- iv. Extensive practical and administrative experience in the field of medical relief, family welfare, family planning, medical research, medical education or public health organization and adequate experience of running an important scientific educational institution either as its Head or Head of the Department.
- 3. Age: Not exceeding 55 years as on 01.07.2019.
- 4. **Term:** The post of Director, NIHFW will be filled up on the basis of five year tenure/ tenure of shorter duration/ five yearly terms, with further extension thereafter on approval by the Governing Body. In all cases, age of superannuation will be 60 years.
- 5. Period of Probation: One year
- 6. Willing and eligible candidates should send their applications complete in all respects and in duplicate in the prescribed format (given in Annexure).
- 7. The applications must also be accompanied by CR/APAR dossiers, Vigilance Clearance, Cadre Clearance, No Objection Certificate from employer and other required documents.
- 8. Completed applications along with attested copies of educational/ experience certificates/ degree etc. may be sent to Shri Pradip Kumar Pal, Under Secretary (Training Division), Ministry of Health and Family Welfare (Department of Health and Family Welfare)Room No. 414-A, D Wing, Nirman Bhawan, New Delhi 110 011. Persons working in Government institutions should submit their applications through proper channel. They may, if they so wish send an advance copy of the application, in the prescribed format, complete in all respects, by the due date.

Last date of receipt of applications: **<u>31.12.2018</u>**.

Canvassing in any form/kind will be a disqualification to the post.

# APPLICATION FORMAT

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| •                       | AFFLICATION FORMAT  | · ,   |  |  |  |  |
|-------------------------|---|---|--|--|--|--|
| Post                    | applied for: Director, NIHFW  | Please affix                                      |  |  |  |  |
| 1.                      | Name (In Block Letters) S/o, D/o, W/o   | your recent<br>colour passport<br>size photograph |  |  |  |  |
| 2.                      | Designation & Present Address (in Block Letters):<br>(along with contact Phone No. & E-Mail)  |   |  |  |  |  |
| 3.                      | Date of Birth :<br>Age (as on 1.7.2019) Years Months Days.  |   |  |  |  |  |
| 4.                      | Whether citizen of India?   |   |  |  |  |  |
| 5.                      | Academic Qualifications:  |   |  |  |  |  |
| 6.                      | Field(s) of specialization:   |   |  |  |  |  |
| 7.                      | Experience.<br>(a) Teaching:<br>(b) Research (including guidance of MD & Ph.D Students)   | ,<br>   |  |  |  |  |
| 8.                      | A complete list of publications, in national & international Journals/ abstracts/ presetc. to be given separately (please attach a list).   | entation in meetings                              |  |  |  |  |
| 9.                      | Books written, if any:  |   |  |  |  |  |
| 9A.                     | Consultancies (National & International) with details:  |   |  |  |  |  |
| 10.                     | Extra-curricular activities such as medico-social work, journalistic or other literary a  | ctivities etc. :                                  |  |  |  |  |
| 11.                     | Awards, Distinctions, Prizes etc. :   |   |  |  |  |  |
| 12.                     | Fellowship / Membership of National and International Scientific Societies, Academies, etc.:  |   |  |  |  |  |
| 13.                     | Present employment and Pay Level & salary drawn   | _   |  |  |  |  |
| 14.                     | Major achievements of the candidate:(At space in insufficient).   | tach a sheet if                                   |  |  |  |  |
| fully<br>conce<br>hereb | <b>aration:</b> I affirm and hereby declare that information given in this application is truunderstand that if at any stage, if it is discovered that any attempt has been made or misrepresent the facts, my candidature may summarily be rejected or employ, also give my consent to accept the post of Director, National Institute of Health Delhi, if selected. | de by me to willfully<br>syment terminated. I     |  |  |  |  |

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

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

# Signature of the candidate