

Government of India  
Ministry of Health and Family Welfare  
Establishment – II

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Nirman Bhavan, New Delhi - 110011  
Dated the 01/11/2018

**OFFICE MEMORANDUM**

**Subj: - Filling up the post of Cashier in Cash Section of DoH&FW – reg**

It is proposed to draw up a panel for appointment to the post of Cashier in the Department of Health & Family Welfare on regular basis for period of 3 years.

2. Applications are therefore invited from ASOs/UDCs who have rendered five/eight year's regular service in the respective grade. Preference will be given to those who have successfully undergone training in Cash & Accounts at the Institute of Secretarial Training and Management (ISTM). The persons appointed to the post will be entitled to special pay/cash handling allowance as admissible under the rules.

3. Applications may be furnished in the prescribed proforma (enclosed) alongwith certificates and documents through the controlling officer and the same should reach the undersigned within 30 days from the date of issuance of this O.M. Applications received after the aforesaid stipulated time will not be considered.

Signature valid  
Digitally signed by ANIL KUMAR  
GUPTA  
Date: 2018.11.01 11:57:18 IST  
Reason: Approved

(A.K. Gupta)  
Under Secretary to the Government of India  
Telefax No.23061323

To

1. All Sections/Cells/Desks in the Ministry of Health and Family Welfare.
2. Department of Health Research.

3. Directorate General of Health Services (Admn.I) Section with the request that the post may be circulated amongst all Sections in the Dte.GHS/CBHI/CHEB/NML/MSO/CDSCO and the applications of interested persons together with their up-to-date CR Dossiers may be sent so as to reach this Ministry by the stipulated date. Necessary vigilance clearance may also please be communicated alongwith the applications.
4. The Director, NIC, Nirman Bhavan with the request to upload this Circular alongwith Proforma in the Ministry's website.
5. Notice Board.

PROFORMA

APPLICATION FOR THE POST OF CASHIER IN THE DEPARTMENT OF HEALTH & FAMILY WELFARE

1. Name of Applicant:
  
2. Post held at present and date of regular Appointment to the Present Post:
  
3. Present Office :
  
4. Pay Level & Index :
  
5. Educational Qualification :
  
6. Experience of Handling Cash:
  
7. Nature of duties & responsibilities

Of present post:

8. Year of passing Cash & A/c.

Training from ISTM :

(Attach a copy of ISTM's Certificate)

9. Address/Contact details: \_\_\_\_\_

PIN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Phone: \_\_\_\_\_

I declare that all the details /facts mentioned above are correct.

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

Signature: \_\_\_\_\_  
(NAME \_\_\_\_\_)

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Annexure.

**CERTIFICATE**

(To be filled in by the authority forwarding the applications)

1. Certified that:

(i) The particulars furnished by the candidate have been checked from available records and found to be correct.

(ii) It has been verified that the candidate is eligible as per conditions mentioned in Department of Health & Family Welfare's O.M.No.A.11018/01/2018-Estt.II dated: \_\_\_\_\_.

(iii) No vigilance cases either pending or being contemplated against the candidate. There is nothing in the CR Dossiers of the candidate, which makes him ineligible for consideration for appointment for the applied for.

2. Copies of up-to-date CR Dossiers of the preceding five years of the candidate duly attested by an Officer not below the rank of Under Secretary or equivalent (on each page with rubber stamp) are enclosed.

Signature \_\_\_\_\_  
Name & Designation \_\_\_\_\_  
Office Address with seal: \_\_\_\_\_  
Tel.No. \_\_\_\_\_  
E-mail: \_\_\_\_\_