

# भारतीय उपचर्या परिषद्

आठवाँ तल, एनबीसीसी सेन्टर, प्लॉट नं. 2, कम्युनिटी  
सेन्टर, ओखला फेज - 1, नई दिल्ली - 110020



# INDIAN NURSING COUNCIL

8th Floor, NBCC Centre, Plot No. 2, Community Centre  
Okhla Phase - I, New Delhi - 110020

स्वास्थ्य एवं परिवार कल्याण मंत्रालय के तहत संविधिक निकाय  
Statutory Body under the Ministry of Health & Family Welfare

NO. 2-6/2019-INC

Dated: **9 MAY 2019**

## Vacancy Circular

SUBJECT:- Inviting application for the post of Secretary on deputation basis in INC

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Application in the prescribed proforma (as per annexure) are invited from eligible officers for filling up of the post of Secretary on deputation basis in the Indian Nursing Council, New Delhi as per the details given below:

1.	Name of the post with pay level	Secretary- Level 13 of the pay Matrix i.e. Rs.123100 - 215900 (pre-revised Pay in PB-4 Rs. 37400-67000 + Grade Pay of Rs. 8700)
2.	Period of deputation	Initially for 3 years. Could be extended as per extant rules prescribed by DoPT on the subject.
3.	Age limit	The maximum age limit for appointment on deputation shall not exceed 56 years on the closing date of receipt of applications.
4.	Job Description	To work as Head of office of INC, New Delhi.
5.	Eligibility	officers working in the Autonomous /Statutory bodies/universities/School/ Colleges of Nursing under the Central/State Governments holding analogous post on regular basis or with 5 years' regular service after appointment thereto in posts in Level 12 of Pay Matrix (pre-revised grade pay of Rs.7600/-) or equivalent or with 11 years regular combined service in posts in Level 11/12 of Pay Matrix (pre-revised grade pay of Rs.6600/7600)

उपचर्या शिक्षा के एकसमान मानक प्राप्त करने के लिए प्रयासरत

Striving to Achieve Uniform Standards of Nursing Education

Website: [www.indiannursingcouncil.org](http://www.indiannursingcouncil.org) E-mail: [secy.inc@gov.in](mailto:secy.inc@gov.in)

Phone: 011-66616800, 66616821, 66616822



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6.	Essential Educational Qualification and Experience	<p><u>Educational Qualification</u></p> <p><u>Essential</u></p> <ol style="list-style-type: none"> <li>Master's Degree in Nursing from a recognized University.</li> <li>Registered Nurse /Registered Mid-wife registered with any State Nursing Councils in India.</li> </ol> <p><u>Experience</u></p> <p>10 years of experience after Post Graduation in Nursing out of which at least 5 years experience in Administration and Teaching in any regulatory/statutory bodies/School/College of Nursing under Central /State Government.</p>
7.	Desirable Qualification/Experience	<ol style="list-style-type: none"> <li>Ph. D in Nursing</li> <li>Knowledge of Modern Management Techniques, Computer Applications, Management information system</li> </ol>
8.	How to apply	<p>Completed application should be sent through proper channel in the prescribed proforma to President, INC, NBCC Centre, 8<sup>th</sup> Floor, Okhla Phase-1, New Delhi-20</p> <p>The duly completed application should be sent along with:</p> <ol style="list-style-type: none"> <li>Up-to-date copies of ACRs/APARs for the preceding 5 years</li> <li>Vigilance Clearance and Integrity Certificate</li> <li>Details of Minor/major penalty imposed on the officer by the Competent Authority if any</li> </ol>
9.	Pay & Allowance	Admissible as per guidelines of Department of Personnel & Training O.M 6/8/2009-Estt. (PAY II) dated 17.06.2010 amended from time to time.

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**Application of the willing and eligible officers may be forwarded through proper channel to the President. Applications should be sent in a sealed envelope superscribed as "Confidential:- Application for the post of Secretary". The Last date of receipt of application is 10<sup>th</sup> June, 2019. It is requested that the application of only those officers are forwarded who can be spared on being selected. Any queries regarding the application may be addressed to Joint Secretary at [js@inc.gov.in](mailto:js@inc.gov.in).**

An advance copy of the application can be sent directly, if any delay in forwarding of application through proper channel. However, application will be considered only on receipt of the same being received from his/her office.

#### Instructions to Candidates

1. Candidates should fill up the application form carefully by incorporating all the particulars.
2. Applications should be duly forwarded through Proper Channel/Head of the Office (Applications not forwarded through Proper Channel/Head of the Office will be summarily rejected.)
3. The post of Secretary is to be filled purely on deputation basis for a period of 3 years or until further orders whichever is earlier.
4. Mere eligibility will not entitle the candidates to be called for interview. Indian Nursing Council reserves the right to shortlist the candidates to be called for the interview.
5. Interview will be held at INC office, Delhi. It may please be noted that Candidates called for interview will not be entitled to any TA/DA.
6. Incomplete applications or application not supported by attested copies of testimonials will be summarily rejected.

  
(Dr. T. Dileep Kumar)  
PRESIDENT

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Self attested  
passport size  
photograph

Application form for the post of Secretary

1. Name (in block letters) : \_\_\_\_\_
2. Father's/Husband's Name : \_\_\_\_\_
3. Date of Birth : \_\_\_\_\_
4. Present Post held and Office address : \_\_\_\_\_
5. Present pay details : i. Pay Level \_\_\_\_\_ ii. Pay \_\_\_\_\_  
iii. Pre-revised Pay band \_\_\_\_\_  
iv. Pre-revised Grade Pay \_\_\_\_\_
6. RN and RM No. (Attested copies of certificates to be enclosed) : \_\_\_\_\_
7. Address - Permanent : \_\_\_\_\_  
\_\_\_\_\_
- For Correspondence : \_\_\_\_\_
- E-mail Id : \_\_\_\_\_
- Mobile No. : \_\_\_\_\_
- Phone No.(O) : \_\_\_\_\_(R) \_\_\_\_\_

8. Educational Qualification: \*\*

Qualification	Board/University	Year of passing	Subjects	Percentage of Marks obtained	Division
Matriculation /10 <sup>th</sup> Pass*					

12 <sup>th</sup> pass					
B.Sc(N)					
M.Sc(N)					

**\*\*Attested copies of Certificates/Testimonials to be attached,**

**\*Indicating Date of Birth of the candidate.**

10. Any other qualification\* (Please Specify):

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\*Attested copies of Certificates to be attached

11. Experience in chronological order (Attested copies of appointment order/Certificates to be attached).\*:

S. No	Post held and pay attached to the post /Name of the Institution	From	To	Total years of Experience	Duties and Responsibilities

12. Membership of Professional Bodies : \_\_\_\_\_  
(specify details with proof)

Declaration by the Applicant:

*I hereby declare that the above particulars are true to my knowledge and belief. And that I have not suppressed any information.*

Signature of the applicant: \_\_\_\_\_

Name of the applicant: \_\_\_\_\_

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

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

(Note:- In case any of the above particulars furnished are found to be false at any stage, the candidatures/employment of such candidate is liable to be cancelled without any notice).

FOR FORWARDING OFFICE USE ONLY

It is certified from the office records that the particulars furnished by the applicant are correct. An attested copies of APARs for the preceding 5 years are enclosed herewith. It is also certified that no vigilance case is either pending or contemplated against her/him. No major/minor penalty imposed on her/him during the last 10 years.

Signature of the officer with office seal