

**National Programme for Prevention and Control of Deafness (NPPCD) in
Ministry of Health and Family Welfare**

Engagement of National Consultant under NPPCD (On Contractual basis)

Name of Post : **National Consultant** **(2 posts)**

Qualification & Experience:

Essential:

- Post Graduate in Community Medicine / Preventive and Social Medicine/Community Health Administration / MPH/MBA Health Care Administration.

Desirable:

- Experience of working in Public Health Programme preferably in Non-Communicable Diseases

Job Responsibilities:

- Preparing Programme Implementation Plan.
- Formulating Technical guidelines and training modules.
- Organizing and participating in meeting under NPPCD.
- Visiting States & District to monitor the NPPCD activities.
- Any other job assigned in the programme as per need.

Age limit: Up to 50 years and Upper age limit for retired Govt./Public Sector Officer is fixed at 60 years.

Tenure: One year

Emoluments: Rs.60,000/- per month (Consolidated)

Location: Delhi

Terms and conditions for National Consultant under National Programme for Prevention and Control of Deafness (NPPCD) in Ministry of Health and Family Welfare

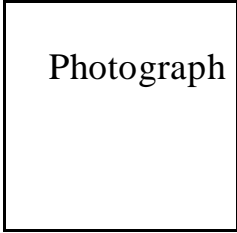
1. Overall technical supervision and guidance for implementation of National Programme for Prevention and Control of Deafness (NPPCD).
2. Examination of State PIPs for NPPCD and offering comments.
3. Assist in preparation of SFC/EFC/EPC/MSG/Cabinet Note etc. concerning NPPCD.
4. Assist in framing reply to VIP references received from Cabinet Secretariat/PMO/Parliamentary Committees/Planning Commission etc.
5. Visit States/UTs on official tour to monitor the implementation of NPPCD. Entitlement on tour shall be as per the extant instructions of GOI on the subject.
6. To render assistance to the Ministry in any other assigned work.
7. Consultant will undertake any other duties and responsibilities assigned by the Supervisor.
8. In case of retired Govt. Official, the remuneration shall be fixed so as not to exceed the ceiling of (Last Pay + DA drawn) minus (Basic Pension). 5% Annual increment will be granted after successful completion of review after one year.
9. The period of engagement for the said post will be initially for a period of one (01) year from the date of assumption of charge which may be extended subsequently for a period not more than two years on satisfactory completion of service after reviewing the performance of the Consultant once a year by the Head of the Division.
10. The consultant shall be eligible for 8 days leave in a Calendar year on pro-rata basis. The Consultant shall not draw any remuneration in case of his/her absence beyond 8 days in a year (Calculated on a pro-rata basis). Also un-availed leave in a Calendar year cannot be carried forward to next calendar year.
11. The Consultant shall not be entitled to any other allowance (DA, Transport, Residential accommodation, telephone, medical reimbursement, personal staff etc.)
12. The Ministry shall be free to terminate the contract of the Consultant by giving a prior notice of 30 days.
13. The Consultant shall not claim regular appointment to the post.

14. All other provisions of GFR, 2017 as amended from time to time, shall be applicable.
15. The Consultant shall treat all official information as strictly confidential and use the same for consultancy assignment only.



Ministry of Health & Family Welfare, NirmanBhawan, New Delhi-110108
NATIONAL PROGRAMME FOR PREVENTION AND CONTROL OF
DEAFNESS (NPPCD)

Recruitment of Contractual staff



APPLICATION FORM

To be filled by office only
Name of the post _____

Post applied for _____

1. **Name of the Applicant** : _____
2. **Father's Name** : _____
3. **Date of Birth** : _____
4. **Age as on 1/1/2019** : _____
5. **Gender : M/F** : _____
6. **Educational Qualification** : _____

S.No	Academic/Professional Qualification	Name of Institution	Board/University	Course Duration Year of Passing	Division/Grade & %

7. Experience

S.No.	Designation	Name of Institution/	From..... To.....	Field of Experience	Salary drawn

		Employer			

8. Training/Short Course attended:

9. Contact Details:

(a) Mailing Address :

(b) Permanent Address :

(Res.) _____ **(Mob)** _____

(c) Telephone Number :

(d) E-mail ID :

10. Documents to be enclosed: Self attested (Please tick)

(i) Degree/Diploma/Certificate ()

(ii) Experience Certificates ()

(iii) Age Proof ()

11. Undertaking:

I hereby certify that all the information given above is true to the best of my knowledge. If any of the above information is found to be incorrect at a later stage, I shall be liable to be disqualified/ terminated from the service.

Date: _____

Place: _____

Signature of the Applicant

