

Engagement to the post of one Consultant (Technical)
on contract basis in the
Department of Health and Family Welfare

Department of Health and Family Welfare invites application from suitable persons for engagement to the post of One Consultant (Technical) with a consolidated monthly remuneration of Rs. 60,000/ under the National Programme for Control of Blindness and Visual Impairment (NPCB&VI). Eligibility criteria, job responsibility, TORs and other details have been uploaded in the official website of Ministry of Health and Family Welfare at www.mohfw.nic.in for information of candidates. The duly filled in applications may be forwarded to **Mr. Ziley Singh Vical, Deputy Secretary, Room No. 435-C, Nirman Bhawan, Maulana Azad Road, New Delhi - 110108.**

The last date for the submission of application is 05 September, 2017.

Eligibility Criteria for the post of Consultant (Technical) (Health) are as under:

i. Qualification & Experience:

a) **Essential:** M.B.B.S., MD (PH)/PSM/ Post graduation or higher qualification in Public Health/ Community Health/ Preventive and Social Medicine/ Social Science in Health.

b) Desirable:

(i) At least 3 years work experience post qualification in Health Systems Research or Planning and Implementation of Services delivery;

(ii) Familiarity with computer and internet usage.

ii. Remuneration:

Rs. 60,000/- (consolidated) per month salary

iii. Age limit: Below 45 years.

Ministry of Health & Family Welfare, Nirman Bhawan, New Delhi-110108
NATIONAL PROGRAMME FOR CONTROL OF BLINDNESS AND VISUAL IMPAIRMENT

Recruitment of Contractual staff

APPLICATION FORM

Photograph

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_10/08/2017 : _____
5. Gender : M/F : _____
6. Educational Qualification : _____

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

7. Experience

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

8. Training/Short Course attended:

9. Contact Details:

(a) Mailing Address : _____

(b) Permanent Address : _____

(c) Telephone Number : (Res.) _____ (Mob) _____

(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