

**GOVERNMENT OF NCT OF DELHI**  
**DEPARTMENT OF HEALTH AND FAMILY WELFARE**  
**9<sup>TH</sup> FLOOR, 'A' WING, DELHI SECRETARIAT, DELHI: 110002**

**ADVERTISEMENT TO FILL UP THE POST OF DIRECTOR IN DELHI STATE CANCER INSTITUTE, DILSHAD GARDEN, DELHI-110095**

Application are invited from the eligible CHS/DHS officers having adequate Administrative experience to fill up the post of Director in Delhi State Cancer Institute, Dilshad Garden, Delhi with following age, pay scales and essential education/experience which is as under:-

1.	2.	3.	4.	5.	6.
Sl.No	Name of the Post and No. of Post	Classification	Pay Band and Gr.Pay	Whether selection Post or Non selection post	Upper Age limit
1	Director(01)	Group "A"	Pay matrix Level-17, Rs.2,25000/-(Fixed)+ NPA of 20% of Basic Pay but pay+NPA does Not exceed Rs.2,37,500/-	Selection Post	Up to 59 years as on last date of receipt of application
7.	<b>Essential Qualification/Experience</b>				
	a) MBBS or equivalent Medical Graduation degree in the first or second schedule of the Medical Council of India b) Post Graduate/Post-doctoral degree qualification like MD, DipNB, MCh or equivalent in any speciality of Oncology like radiotherapy, radiation oncology, clinical oncology, Surgery/surgical sub-specialities, onco imaging, onco-pathology, anaesthesia etc. included in the First or Second schedule of the Medical Council of India. c) Should be a distinguished and dedicated oncologist.				

The Director shall be Chief Executive Officer of the hospital and shall be directly responsible for the overall management of the Hospital concerned.

The initial tenure of the Director shall be for Five (05) years. The term may be renewed for another terms after five years of satisfactory performance and on the recommendation of the Governing Council subject to age not exceeding 62 years.

**The effective date for determining the eligibility as per the prescribed qualification, age, experience etc. for the post shall be the last date of receipt of application viz 12.12.2022.**

Applications alongwith all the necessary credentials in support of educational qualifications & Clinical as well as Administrative experience should reach the Office of Addl. Secretary (Health & Family Welfare), Room No.904, A-Wing, 9<sup>th</sup> Level, Delhi Secretariat, I.P. Estate, New Delhi-110002 **on or before 05:00 PM on 12.12.2022.**

Note : Department will not be responsible for any postal delay.



Deputy Secretary  
Department of Health & Family Welfare,  
Govt. of NCT of Delhi

**Application for the post of Director, DSCI**

1. Name :  
2. Gender : Male/Female  
3. Age as on 12.12.2022 :  
4. Father's/Husband's Name :  
5. Present Address :  
6. Permanent Address :



7. Email Address & Mobile Phone No. : Alternate phone No.  
8. Academic/Other Qualification starting from MBBS onwards (as per table below):

S.No.	Examination Passed	Year of Passing	% of marks/grade/ no. of attempts	Name of College/University

9. Details of employment starting from the position (as per table below):

Name of the Employer	Name of the post/designation held including on deputation	Year of Joining	Year of Leaving	Duration	Pay Scale

10. Area of specialization (post-doctoral qualification i.e. Super-Speciality in any discipline)  
11. Any additional qualification such as Management Course/Membership of Scientific Society etc.  
12. Complete list of Publications  
13. Time required for joining, if selected,  
14. NOC from present employer, if employed, to be added with application or subsequently before appointment order is issued  
15. Undertaking/Declaration regarding correctness of the information/statement given in the application form (to be best of knowledge and belief)(in a format enclosed)

16. Experience of working as Director Professor

Name of Institution	Since	Till date	No. of Years

17. Experience of Heading an institution

Name of Institution	Since	Till date	No. of Years

18. List of documents enclosed: photograph, Undertaking, Supporting documents regarding Age, Educational qualifications & Experience and NOC from serving department (if available)

Date:

Signature of Applicant

Name:

## UNDERTAKING

I, \_\_\_\_\_, hereby undertake to declare that the facts and informations filled by me in application are true and based on the documents available with me in original and I will produce the whole set of documents as and when I am asked to do so, in the department. I also understand that any information wrongly given may result in outright cancellation of my candidature, even subsequently.

Signature :

Name :

Date :

Designation :