HEALTH & FAMILY WELFARE DEPARTMENT (HR - PARAMEDICAL BRANCH) (HK – PAKAMEDICAL BRANCH) 9th LEVEL, A-WING, DELHI SECRETARIAT, NEW DELHI – 110002.

Dated: 1 1112023

No.F.1 (916)/HR-PARA/H&FW/2023/ 4818-51 To

All HODs of Hospitals/ Society Hospitals/Medical Institutions/DHS/ All CDMO

Govt. of NCT of Delhi. Delhi/New Delhi.

Subject: Inclusion of name in the Eligibility-cum- Seniority list of Nursing Orderlies/OT Attendants (having 05 years experience in OT/CSSD/CTS/Neurosurgery/Gastrosurgery/Anaesthesia/Gas Plant/ Anaesthesia workshop/ICU Surgical/ Resuscitation) working in various Hospitals/Medical Institutions under Govt. of NCT of Delhi

Madam/Sir,

Please refer to this department's letter of even number dated 31.05.2023 and subsequent Reminder-I dated 07.07.2023, Reminder -II dated 16.08.2023 & REMINDER-III dated 11.09.2023 on the above mentioned subject. The requisite information is still awaited from most of the Hospitals.

Further, the name list of all Nursing Orderly (as Annexure- 'B') and OT Attendant (as Annexure-'C') working on regular basis, has been prepared and enclosed herewith. All concerned HODs of Hospitals/Medical Institution have been requested to check the details of the officials and bring into the notice concerned OT Attendant/Nursing Orderly under your control who were having 05 years regular service in OT/ CSSD/ CTS/ Neurosurgery/Gastrosurgery /Anaesthesia/Gas-Plant/ Anaesthesia-workshop /ICU Surgical/ Resuscitation and Education Qualification Matriculation with Science and willing for promotion to the post of Assistant (OT/CSSD).

It is therefore, once again requested to all Hospitals/Medical Institutions provide requisite information in r/o all Nursing Orderly and OT Attendant working (list attached as Annexure'B' & 'C') on regular basis to fill up the information as prescribed formats (Annexure 'A' & Annexure 'D') alongwith all relevant documents (with sign & stamp) to this office within 03 days from the issue of this letter positively through special messenger and also send the copy of all relevant documents to this email i.e dataforhrparamedicalbranch@gmail.com. failing which the concerned MD/MS/HOD shall be held responsible to give explanation/reason.

It may be ensured that name of any eligible NO/OT Attendant may not left out at Hospital/Medical If any court case arise against the Seniority list of NO/OT Attendant in future, the concerned Hospitals/Medical Institutions will be liable for this at their own level.

Encl: As above

DY.SECRETARY (HR-PARA)

Copy to:

1.. The S.A(IT), H& FW Department, Govt of NCT of Delhi with request to upload the letter on the website of the Department.

Annexure-A

		:	The state of the s
1.	Name of the official		125 _{0.5}
	(in Capital Letters)	:	
2.	Designation		ें दें दें भेर
		:	
3.	Date of Birth (Please provide attested copies of first two pages of Service		
			The state of the s
	Book)	:	
1	Category (Gen/SC/ST)		
	Whether belongs to PH Category, If yes, specify the	:	100
5	Whether belongs to Pri Category, it yes, speetly the		
	details(HH/VH/OH)		100 mm - 1 mm -
	(Please provide attested copy) Date of appointment as N.O/Attendant (OT/CSSD)	:	15 BC
6	Date of appointment as N.O/Attendant (O1/C33D)	,	
	(Please provide attested copies of appointment order)	:	
7	Education Qualification (Please provide attested copies, certificate & marksheet of		
-	Matriculation)	:	
8	Period of regular service rendered as N.O/Attendant (OT/CSSD)		Λ.
9	Experience working in	:	FromTo
,	OT/CSSD/CTS/Neurosurgery/Gastrosurgery/Anaesthesia/G	•	
	as Plant/ Anaesthesia workshop/ICU Surgical/		Place of posting-
	Resuscitation		
	(Please provide Experience Certificate)		
10	Name and Designation of certifying experience	:	
10	rame and Designation of certifying experience		Name-
			Designation-
			Department-
11	Willingness for promotion to the post of Assistant(OT/CSSD)		
	in the Pay Level '2'(Please provide certificate if Yes or No)		
11	Mobile Number	:	
12	Present Residential Address	:	
13	Any other information if relevant	:	
		•	
4-			

(SIGNATURE OF OFFICIAL)

Certified that:-

1. The Particulars furnished by the above named official have been checked and verified from office record.

Signature of Head of Office Name of HOO with seal It is certified that the all OT Attendant/Nursing Orderly working under control on regular basis, having 05 years regular service in OT/CSSD/CTS/ Neurosurgery Gastrosurgery/Anaesthesia/ Gas-Plant/ Anaesthesia- workshop/ICU Surgical/ Resuscitation) with education qualification Matriculation/Hr. Sec./Sr. Sec. (10 plus 2) with Science has been with education qualification Matriculation/Hr. Sec./Sr. Sec. (10 plus 2). The following N.O./OT informed about the promotion to the post of Assistant (OT/CSSD). The following N.O./OT Attendant are eligible but not willing for the promotion to the post of Assistant (OT/CSSD) in pay level '2'.

S	Name of the	ne N.O/OT	DOB	Reason of unwillingness for promotion, if any

Signature of Head of Office Name of HOO with seal