



आयुर्विज्ञान में राष्ट्रीय परीक्षा बोर्ड
(स्वास्थ्य एवं परिवार कल्याण मंत्रालय, भारत सरकार के अधीन एक स्वायत्त निकाय)
NATIONAL BOARD OF EXAMINATIONS IN MEDICAL SCIENCES
(Autonomous Body under Ministry of Health and Family Welfare, Govt. of India)
महात्मा गांधी मार्ग (रिंग रोड), अंसारी नगर, नई दिल्ली - ११००२९
Mahatma Gandhi Marg (Ring Road), Ansari Nagar, New Delhi -110029

No. A.12016/1/2021-Estt.

Dated: 15.12.2021

VACANCY NOTICE

The National Board of Examinations in Medical Sciences (NBEMS) is an organization, established by the Ministry of Health & Family Welfare, Government of India, to conduct Post-Graduate Examinations of high standards in the field of Modern Medicine and allied specialties at National Level.

The NBEMS invites applications from eligible and desirous candidates for the post of the **Executive Director** on deputation basis for 3 years extendable by 2 years.

Name of the Post : Executive Director (on deputation)
No. of Vacancies : 01 (one post)
Scale of pay : ₹1,44,200 - ₹2,18,200 (Level -14 of Pay Matrix) plus NPA
Age limit : Not exceeding 55 years as on 31st January 2022.

Educational and other Qualification:

Essential Qualification:

1. Post Graduate Degree in Medicine or Surgery or Public Health and /or any of their branches.
2. Twenty years standing in the profession.
3. Minimum 10 years Teaching experience at Postgraduate level in a Faculty position after Post Graduation;
4. Experience of 5 years as Prof. & Head/ Professor / Director / Dean of a Medical College or its equivalent.

Desirable qualifications:

- Experience in Medical Education Technology;
- Wide knowledge in the Modern Evaluation techniques including generation of MCQs and MEQs analysis of performance of the candidates etc.

Note:

- a) Applicants working in Central Government/ State Government/ Autonomous institutions should have their application forwarded with all enclosures, through proper channel. However, Advance copy of the application may be submitted before the last date.

- b) Vigilance Clearance and APARs for the last 5 years duly attested by the employer should be submitted along with the application.
- c) The incumbent shall be entitled to Pay and allowances as payable to Central Govt. officials of equivalent rank/level.
- d) Medical facilities for self and dependent as per NBEMS guidelines.
- e) NBEMS reserves its absolute rights to alter/delete/modify or amends any or all of the above criteria.
- f) The decision of NBEMS shall be final and binding in all respects.
- g) No Interim correspondence will be entertained.

2. The appointment shall be made on deputation basis initially for a period of three years which may be extended further upto 5 years. The maximum age limit for appointment on deputation basis is 55 years as on the closing date of receipt of application i.e. 31.01.2022.

3. Executive Director-NBEMS is entitled to Pay and allowances of Level-14 of the Pay Matrix, that is applicable to Central Government employees. The fixation of pay/deputation (duty) allowance shall be governed by instructions issued by DoPT from time to time. Medical reimbursement is admissible as per NBEMS Medical Rules. NBEMS shall provide residential accommodation in the NBEMS Residential Complex at Kidwai Nagar as per entitlement. The Main Office of NBEMS is situated at PSP Area, Sector-9, Dwarka, New Delhi-110075.

4. The application in the prescribed format (Annexure- I) containing name, date of birth, age, educational qualifications, work experience, present post held, scale of pay and basic pay drawn etc. along with attested copies of supporting testimonials, Vigilance Clearance and APARs for the last 5 years may be sent to the following address, through proper channel, before the **last date i.e. 31st January 2022** in a sealed envelope with the superscription **“Application for the post of Executive Director”**

**“The Joint Director (Admin.),
National Board of Examinations in Medical Sciences,
NAMS Building, Mahatma Gandhi Marg (Ring-Road),
Ansari Nagar, New Delhi 110029.**

5. All eligible Officers of the Medical Services of the Central Government/ State Govt./ Defence Services / Railways / AIIMS / PGIMERs / Govt. Medical Colleges / Govt. Medical Institutions etc., are encouraged to apply for the said post.



NBEMS

FORMAT OF APPLICATION
for the post of
EXECUTIVE DIRECTOR – NBEMS
(on Deputation)

Attested copy of
passport size
photograph to
be pasted

1.	Name in Full (IN BLOCK LETTERS)					
2.	Date of Birth (DD/MM/YYYY)					
3.	Date of superannuation (DD/MM/YYYY)					
4.	Service to which you belong to					
5.	Office address with Email and Contact Nos.					
6.	Residential Address with Contact Nos.					
7.	Present post held along with date					
8.	Scale of Pay / Level in Pay matrix					
9.	Basic Pay					
10.	Educational Qualification (Matriculation onwards):					
11.	Examination Passed	Name of University/Institute / Board	Year of Passing	Duration of Course	Subjects	Percentage of Marks

Contd...

12.	Please state clearly whether you meet the requisite Essential Educational and other qualifications required for the post (if any qualification has been treated as equivalent to the one prescribed in the rule, state the authority for the same)						
	Qualification/Experience required			Qualification/Experience possessed by			
	Essential:			Essential:			
	A) Qualification			A) Qualification			
	B) Experience			B) Experience			
	Desirable			Desirable			
	A) Qualification			A) Qualification			
	B) Experience			B) Experience			
13.	Details of employment in chronological order) if needed, enclose a separate sheet duly authenticated by your signature in the format given below):						
	Name of Office/ Instt./ Organizations	Post Held (Designation)	Nature of Appointment (Regular/ Ad-hoc/ Contract)	Period of service		Scale of Pay and Level	Nature of Duties
				From	To		
14.	Details of Post Graduate Teaching experience in a Medical College or its equivalent, in chronological order & specify number of years of such experience.						

Contd.....

15.	In case the present employment is held on deputation, please state: The date of initial appointment Name and address of parent office Period of deputation, with date from and name & address of organization	
16.	Trainings undergone with duration and dates	
17.	Any other information, applicant wishes to furnish:	
18.	Please state briefly how you find yourself best suitable for the post applied for:	

Applicant not holding the post in the pay Band/Grade Pay pertaining to Central Government should indicate the equivalence of the pay scale viz-a-viz the Central Government's pay scales.

I have carefully gone through the vacancy circular/ advertisement and I am well aware that this Application Form and enclosures submitted by me will also be assessed by the Selection Committee at the time of selection for the post. It is also certified that the information furnished above is correct and true to the best of my knowledge. In the event of my selection I shall abide by the terms and conditions of services attached to the post.

Place:

Date:

(Signature)

Name: _____

(Certificate to be furnished by the Employer/Head of Office/Forwarding Authority on Letter Head)

Certified that the information / details provided in the above application by the applicant Dr. _____ are true and correct as per the facts available on record. He / she possesses educational qualifications and experience mentioned in vacancy circular. If selected, he/she will be relieved immediately.

2. It is also certified: -

- (i) That there is no Vigilance/Disciplinary case or criminal case pending or contemplated against Dr. _____.
- (ii) That his / her integrity is certified.
- (iii) That no major / minor penalty has been imposed on him / her during that last ten years or A list of major penalties imposed on him / her during the last ten years is enclosed (as the case may be).
- (iv) That photocopies of his/her ACRs/APARs for the last five years duly attested by an officer equivalent to the rank of Under Secretary to the Govt. of India or above, are enclosed.
- (v) That the cadre controlling authority has no objection to the consideration of the application submitted by Dr. _____ for the post mentioned in this advertisement.

Signature _____

Name and Designation _____

Tel. No. _____

Office Seal

Place:

Date:

List of enclosures (duly attested):

1.

2.

3.

4.

5.