

GOVERNMENT OF NATIONAL CAPITAL TERRITORY OF DELHI
HEALTH & FAMILY WELFARE DEPARTMENT
LEVEL 9, WING-'A', DELHI SECRETARIAT
IP ESTATE, NEW DELHI

F.No.1(12)/DIR/IHBAS/2020/CD 000614421/3621

Dated: 09/02/2021

To

The Director,
Directorate of Health Services,
Karkardooma, Delhi-110032

Directorate General of Health Services
Control Diary No. 315
Date: 15/2/2021

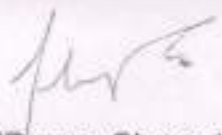
Subject: - Regarding hosting of Advertisement on Official Website of Health & Family Welfare Department.

Sir/Madam,

Please find enclosed herewith detailed Advertisement and format of application for the post of Director in Institute of Human Behaviour & Allied Sciences, Dilshad Garden, Delhi to upload on the official website of Health Department i.e. <http://health.delhigovt.nic.in> for wide publicity within 03 days of receipt of this letter.

This issues with the prior approval of Pr. Secretary (H&FW).

Encl: As above.


(Pawan Chopra)
Deputy Secretary (Societies)

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HEALTH AND FAMILY WELFARE DEPARTMENT
GOVT. OF NCT OF DELHI
9TH FLOOR 'A' WING, DELHI SECRETARIAT, DELHI: 110002

Applications are invited for the post of Director, Institute of Human Behaviour & Allied Sciences (IHBAS), Delhi from qualified Medical Professionals fulfilling the Following criteria:-

1.	Upper Age Limit	Below 60 years
2.	Essential qualification	Recognized Post Graduate Medical Degree in the Field of Psychiatry or Neurosciences or allied Sciences
3.	Experience	<ul style="list-style-type: none"> a) Teaching and /or research experience of not less than 21 Years after post graduation degree. b) At least 10 years experience in psychiatry, neurosciences or the concerned speciality related allied sciences. c) 07 years experience as Professor in Comparable Institution like AIIMS, NIMHANS etc. or as Director-Professor either in Central Government or Government of NCT of Delhi medical Institution or equivalent. d) Those candidates who have served as Director/Head of any Institute of comparable eminence may also apply regardless of the condition at (b) above.
4.	Mode of appointment	Direct Selection/Deputation/Transfer on Deputation
5.	Tenure of appointment	Five years or upto 67 years of age or upto the age of superannuation in his/her parent cadre for candidates appointed on deputation, whichever is earlier.
6.	Salary	Rs. 2,25,000/- fixed plus NPA and other allowances as admissible (As per 7th CPC)
7.	Last date of receiving application	09 March, 2021.

Candidates working in Central Government, State Government, Autonomous Bodies or Statutory Bodies would need to apply through proper channel. The duly filled in application along with its enclosures should reach the Special Secretary (Societies) Room No. 902 'A' Wing, Health & Family Welfare, GNCT of Delhi, Delhi Secretariat on or before 09.03.2021 till 4 PM through Speed Post/Registered Post. Cut-off date for calculation of age, experience is last date of receiving of application.

The prescribed application form may be downloaded from the website of Health Department i.e. <http://health.delhigovt.nic.in>

(Pawan Chopra)
Deputy Secretary

**स्वास्थ्य एवं परिवार कल्याण विभाग
राष्ट्रीय राजधानी क्षेत्र दिल्ली सरकार
नौवा टोल, ए-बिल्डिंग, दिल्ली सचिवालय, नई दिल्ली-02**

मानव व्यवहार और संबद्ध विज्ञान संस्थान (हिबास), दिल्ली के निदेशक पद के लिए अर्हता प्राप्त चिकित्सा पेशेवरों से आवेदन पत्र आमंत्रित किया जाता है, जो निम्नलिखित मानदंडों को पूरा करते हैं :-

1.	अधिकतम आयु सीमा	60 वर्ष से कम
2.	आवश्यक योग्यता	मनोचिकित्सा या सांख्यिक विज्ञान या संबद्ध विज्ञान या संबद्ध विज्ञान के क्षेत्र में मान्यता प्राप्त स्नातकोत्तर चिकित्सा डिग्री
3.	अनुभव	(क) स्नातकोत्तर उपाधि के बाद कम से कम 21 वर्षों का शिक्षण या अनुसंधान का अनुभव। (ख) मनोचिकित्सा, सांख्यिक विज्ञान या संबद्ध विज्ञान से संबंधित विशेषज्ञता में कम से कम 10 वर्षों का अनुभव होना। (ग) तुलनीय संस्थानों जैसे एम्स, निमहंस (एनआईएमएसएएनएस) इत्यादि में प्रोफेसर या निदेशक प्रोफेसर के रूप में केंद्र सरकार या राष्ट्रीय राजधानी क्षेत्र दिल्ली सरकार के चिकित्सा संस्थान में या समकक्ष में सात वर्षों का कार्य अनुभव प्राप्त हो। (घ) वे आवेदक जो तुलनीय उच्च संस्थानों में से किसी के भी निदेशक/प्रमुख के रूप में अपनी सेवाएं दे चुके हैं। उपर्युक्त (ख) की शर्तों की बरवाह किए बिना आवेदन कर सकते हैं।
4.	नियुक्ति का माध्यम	प्रत्यक्ष चयन/प्रतिनियुक्ति/प्रतिनियुक्ति पर स्थानान्तरण
5.	नियुक्ति का कार्यकाल	समानियुक्ति की समयवधि पांच वर्ष या 67 वर्ष की आयु अथवा प्रतिनियुक्ति के आधार पर नियुक्ति आवेदकों के लिये मूल केंद्र से सेवानिवृत्त होने की आयु तक, जो भी इससे पहले हो।
6.	वेतन	सातवें वेतन आयोग के अनुरूप स्वीकृत निर्धारित 2,25,000/- रुपये के साथ गैर आग्रास गते एवं अन्य भत्ते
7.	आवेदन की अंतिम तिथि	03 मार्च, 2021

केंद्र सरकार, राज्य सरकार, स्वायत्त निकायों या सांविधिक निकायों में काम करने वाले उम्मीदवारों को उचित चैनल के माध्यम से आवेदन करना होगा। विधिवत रूप से अपने अनुलग्नक के साथ भरे गए आवेदन को विशेष सचिव (सोसायटी) कमरा नं० 902ए-बिल्डिंग, स्वास्थ्य और परिवार कल्याण, राष्ट्रीय राजधानी क्षेत्र दिल्ली सरकार, दिल्ली सचिवालय में 03 मार्च 2021 को शाम 4.00 बजे तक या उससे पहले स्पीड पोस्ट / पंजीकृत डाक के माध्यम से पहुंच जाना चाहिए। आयु, कार्य अनुभव की गणना आवेदन जमा होने की अंतिम तिथि से की जायेगी।

निर्धारित आवेदन पत्र स्वास्थ्य विभाग की वेबसाइट <http://health.delhigovt.nic.in> से डाउनलोड किया जा सकता है।

उप-सचिव (सोसायटी)

GOVT. OF NATIONAL CAPITAL TERRITORY OF DELHI
HEALTH & FAMILY WELFARE DEPARTMENT,
GNCT OF DELHI, DELHI SECRETARIAT, DELHI

FORMAT OF APPLICATION FOR THE POST OF DIRECTOR, IHBAS

Affix recent (taken
within last three
months)
passport size
photograph duly
signed by the
candidate

1. Name in full (in block letters)	
2. Date of Birth (DD/MM/YY)	
3. Gender	
4. Father's / Husband name	
5. Correspondence Address : Tel. (with ISD / STD Code): Mobile (with ISD/STD Code): e-mail id:	
6. Permanent Address :	
7. Whether belong to SC / ST / OBC : (Valid in India) / General Please attach documentary proof, if belonging to reserve category)	

8. Academic/other qualifications (starting from Degree onwards):

Sl. No.	Examination passed	Year of passing	Name of College/ University	% of marks	No. of attempts	Awards/ merit etc.

Please attach extra sheets, if space above is insufficient

9. Details of employment (starting from the first position in chronological order):

Sl. No.	Name of the Employer	Post held (whether temporary or substantively)	Date of Joining	Date of leaving	Duration	Pay Scale

Please attach extra sheets, if space above is insufficient

10. Area(s) of Specialization :

Sl. No.	Field of Specialization	Period

11. Particulars of Teaching & Research Experience

Sl. No.	Teaching & Experience	Name of the Institution / University	Period		Remarks
			From	To	

12. Language known (Read, Write, Understand, and Speak):

Sl. No.	Understand only	Understand and speak only	Understand, speak and read only	Understand, speak, read and write	Any written examination or proficiency certificate in any of the languages

Please attach extra sheets, if space above is insufficient

13. Time required for joining if appointment is offered: _____

14. Give below the names of two persons of eminence who are in a position to testify from their personal knowledge to your fitness for the post (they must not be related to you):

Sl. No.	Name of the Officer	Address, Contact Details & e-mail id.
1.		
2.		

15. Any additional qualifications such as management course / membership of Scientific / experience in administration/training abroad/foreign visits etc (please attach extra sheet, if required):

Sl. No.	Additional Qualification	Period	
		From	To

16. A complete list of publications :
(Please attach extra sheet – originals to be produced at the time of personal meeting)

17. List of Enclosures:

Sl. No.	Enclosures
1.	
2.	
3.	
4.	
5.	
6.	
7.	
Total No. of Enclosure :	

18. NO OBJECTION CERTIFICATE FROM THE PRESENT EMPLOYER

Ref. No:

Date:

Certified that Dr.

is a permanent / temporary employee of this Institute / Organisation / PSU / Govt. Office

in the capacity of since (Date)

His/her application is recommended and forwarded for the post. This Institute / Organisation / PSU / Government Office has no objection for applying/attending any interview to the post and he/she would be relieved in the event of selection.

Signature

Designation

(Head of the Organisation with office seal)

Place:

Date :

UNDERTAKING/DECLARATION

I hereby undertake and declare that the information furnished above is correct and true to the best of my knowledge and nothing material has been concealed or suppressed from therein.

Date:

Place:

Signature

(Name:))