

Directorate General Health S
Control Order No. 1455
Date 19/2/2021

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

F.No.1/22/Admn/ILBS/2019/CD 000620279/ 3670 Dated: 18/02/2021

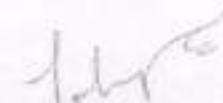
To
The Director,
Directorate of Health Services,
Karkardooma, Delhi-110032

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

Sir/Madam,

Please find enclosed herewith Recruitment advertisement for the post of Director in Institute of Liver & Biliary Sciences (ILBS), New Delhi on the official website i.e. <http://health.delhigovt.nic.in> for publicity. The detailed advertisement and prescribed application format shall be uploaded on the aforesaid website within 03 days of receipt of this letter.

Encl: As above.


(Pawan Chopra)
Deputy Secretary (Societies)

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

ADVERTISEMENT

Applications are invited from the citizens of India including Non-Resident Indians and Persons of Indian Origin for the post of Director, Institute of Liver & Biliary Sciences with the following criteria:

1. QUALIFICATION

ESSENTIAL QUALIFICATION/EXPERIENCE

- a. A D.M Degree in Hepatology and should be a distinguished Hepatologist of International Repute.
- b. Teaching and/research experience of not less than ten years.
- c. Twenty-five years standing in the profession.

DESIRABLE QUALIFICATION:-

Extensive practical & Administrative experience in the field of medical relief, medical research, medical education or public health organization and adequate experience of running an important scientific educational institution either as its Head or Head of the Department.

2. UPPER AGE LIMIT

Up to 62 years as on last date of receiving of applications.

3. PAY & ALLOWANCES

- a) Rs. 80,000/- (fixed) pre-revised plus NPA of 25% of basic pay but Pay + NPA does not exceed Rs. 85,000/- (Pre-revised).
- b) Other Allowances as admissible, as per MOA of ILBS.

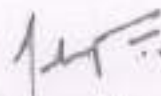
4. TENURE OF POST:

The Director shall hold office for a term of 5 years from the date on which he/she enters upon his/her office or until he/she attains the age of sixty-five (65) years, whichever is earlier.

5. PROBATION: Probation period will be one year.

6. PROCEDURE FOR APPLICATION/NOMINATION:

- i. Eligible candidates can apply for the post quoting the number and date of advertisement in a plain sheet of paper in the proforma along-with photocopies of other relevant documents. The application is to be sent to Special Secretary (Societies), Health & Family Welfare Department, Room No. 902, 9th level, A wing, Delhi Secretariat, New Delhi-110002 by Registered Post/Speed Post.
- ii. The last date of receipt of application is 30 days from date of publications of recruitment advertisement in leading newspapers and as decided by department.
- iii. 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.
- iv. Late & incomplete applications will not be considered.
- v. Canvassing of any kind will be a disqualification.
- vi. The advertisement may also be seen on the website: <http://health.delhigovt.nic.in> and www.ilbs.in



(Pawan Chopra)
Deputy Secretary (Societies)

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, ILBS

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:)