

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

F.No.166/Society/H&FW/2018/112488697/3682

Dated: 16/02/2021

To

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

Directorate of Health Services
15/3
Date: 23/2/2021

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

Sir/Madam,

Please find enclosed herewith detailed Advertisement and format of application form for the post of Director in Janakpuri Super Speciality Hospital, Delhi with the request to upload on the official website i.e. <http://health.delhigovt.nic.in> for wide publicity. The detailed advertisement and prescribed application format shall be uploaded on the aforesaid website within 03 days of receipt of letter.

This issues with the prior approval of Competent Authority.

Encl: As above.

(Pawan Chopra)
Deputy Secretary (Societies)

v/c Computer cell
23/2

24/2/21

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**GOVT OF NATIONAL CAPITAL TERRITORY OF DELHI
HEALTH & FAMILY WELFARE DEPARTMENT
DELHI SECRETARIAT, DELHI-110002**

Applications are invited from the citizens of India including Non –Resident Indians and persons of Indian Origin for the post of Director, Janakpuri Super Specialty Hospital Society (JSSHS), C-2B, New Delhi-110058 with the following criteria:-

1. QUALIFICATION

ESSENTIAL QUALIFICATION/EXPERIENCE

- a. A postgraduate qualification in Cardiology/Cardiothoracic & Vascular Surgery/ Neurology/Neurosurgery/Nephrology/Urology/Gastroenterology/GI Surgery.
- b. Teaching and/research experience of not less than ten years.
- c. Twenty-five years standing in the profession.
- d. 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 receipt of application as decided by the advertisement to the post of Director in JSS Hospital.

PAY & ALLOWANCES

- a. Rs. 80,000/- (fixed) plus NPA of 25 % of basic pay but pay + NPS does not exceed Rs. 85,000/-
- b. Residential accommodation will be provided in the Institute's campus on payment of standard rent under F.R. 45 or 10 % of pay, whichever is less.
- c. Other Allowances as admissible.

3. TENURE OF POST:

Initially the Director shall hold office for a term of 3 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. Thereafter, the tenure may be extended on yearly basis on satisfactory performance in the previous term and on the recommendation of the Governing Council.

- 4. PROBATION:** Probation period will be one year.

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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, JSSHS

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) | |

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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. |
|---------|--------------------|-----------------|-----------------------------|------------|-----------------|--------------------|
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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 |
|---------|----------------------|---|-----------------|-----------------|----------|-----------|
| | | | | | | |
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Please attach extra sheets, if space above is insufficient

10. Area(s) of Specialization :

| Sl. No. | Field of Specialization | Period |
|---------|-------------------------|--------|
| | | |
| | | |
| | | |

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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 |
|---------|-----------------|---------------------------|---------------------------------|-----------------------------------|--|
| | | | | | |
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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. | | |

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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 : | |

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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:)