

**DIRECTORATE GENERAL OF HEALTH SERVICES: GOVERNMENT OF NCT OF DELHI****OFFICE OF DELHI AROGYA KOSH****3<sup>RD</sup> FLOOR, DGD BUILDING, S-1, SCHOOL BLOCK, SHAKARPUR, DELHI- 110092****APPOINTMENT OF ACCOUNTS OFFICER**

Applications are invited for the post of Accounts Officer on contractual basis for a period of one year, extendable upto 2 years based on work & conduct by Delhi Arogya Kosh, a registered society under Govt. of NCT of Delhi. The application form is available at [www.health.delhigovt.nic.in](http://www.health.delhigovt.nic.in)

Essential Qualification & Experience	Age Limit	Remuneration
Must have worked as Accounts Officer/ Assistant Accounts Officer in Govt. of Delhi/ Central Government and retired from the said post	Upto 65 years	As per existing government rules for post-retirement engagement

The interested candidates may send their application along with their bio-data and requisite documents through Speed Post/ By Hand at the following address latest by 6 PM on 24.02.2021:

O/o Delhi Arogya Kosh  
Room No. 304, 3<sup>rd</sup> Floor, DGD Building,  
S-1, School Block, Shakarpur, Delhi- 110092

Sd/-  
DIRECTOR GENERAL HEALTH SERVICES -CUM-  
MEMBER SECRETARY, DELHI AROGYA KOSH

DIP/ /20-21



**APPLICATION FOR THE POST OF ACCOUNTS OFFICER**

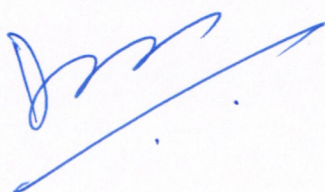
PERSONAL DETAILS		
1.	Name	
2.	Father's Name	
3.	Date of Birth	
4.	Age as on 01.03.2021	
5.	Correspondence address	
6.	Permanent Address	
7.	Mobile Number	
8.	Email ID	
WORK EXPERIENCE		
9.	Work Experience as Accounts Officer in number of years	
10.	Name of Govt. Departments/ Organizations where the candidate had worked as Accounts Officer in Chronological Order	
11.	Department where retired from	
12.	Experience of working in computer (MS Word, Excel, Power Point, Tally)	
13.	Last Pay Drawn	

SELF ATTESTED  
PHOTOGRAPH

Any other specific information in relation to essential/desirable qualifications and experience (use separate sheets, if necessary)

**DECLARATION**

I solemnly declare that all the statements made in the application are true, complete and correct to the best of my knowledge and belief. I understand and agree that in the event of any information being found false OR incorrect/ incomplete OR ineligibility being detected at any time before OR after selection/interview, my candidature is liable to be rejected and I shall be bound by the decision of the Directorate General of Health Services-cum-Member Secretary, Delhi Arogya Kosh.



Signature of candidate with date:  
Email:  
Mobile: