

**HEALTH & FAMILY WELFARE DEPARTMENT
GOVERNMENT OF N.C.T. OF DELHI
(HR- PARAMEDICAL BRANCH)
9TH LEVEL 'A' WING, DELHI SECRETARIAT
I.P. ESTATE, NEW DELHI-110002
E-mail: dataforhrparamedicalbranch@gmail.com**

Dated:

PUBLICATION/NOTIFICATION

Subject: Recruitment to the 14 vacant posts of Audiometric Assistant in the pay level 5, Rs. 29200-92300/- in Health & Family Welfare Department, GNCTD on Deputation Basis-Reg.

Applications are invited for filling up of 14 (Fourteen) vacant posts of Audiometric Assistant in Pay Level 5, Rs. 29200-92300/-, General Central Service, Non-Ministerial, Non - Gazetted, Group-C) in Health and Family Welfare Department, Government of National Capital Territory of Delhi on deputation basis. The deputation shall be governed by the standard terms and conditions of the Govt. of India. The tenure/deputation will be initially for one year but the same is extendable upto 3 (three) years on year-to-year basis.

1. The eligibility conditions prescribed for the post, as per the existing Recruitment Rules are as under: -

Officers under the Central/State Govt./Union Territories;

- A. (i) Holding analogous posts in the parent cadre or department

OR

- (ii) With 05 years' regular services in post/Cadre of Level 4 of Pay matrix as per 7th CPC;

and

- B. Possessing the educational qualification: Bachelor in Audiology and Speech Language pathology of 4 years from a recognized university/ institute.

Note: - Qualifications are relaxable at the discretion of the Competent Authority for reasons to be recorded in writing in case of candidates otherwise well qualified.

(Period of deputation including period of deputation in another ex-cadre post held immediately preceding this appointment in the same or some other organization/Department of the Central Govt. shall ordinarily not to exceed 3 years. The maximum age limit for appointment by deputation shall not be exceeding 56 years as on the closing date of receipt of applications).

2. It is requested that applications from willing and eligible officials having requisite qualifications and experience may be sent to this office within 60 days from the date of publication of Circular in Employment News.

3. The application (in duplicate) of the eligible officials should be forwarded along with following documents: -

Bio-data (duly signed by concerned officer)

Integrity Clearance Certificate

Vigilance Clearance Certificate

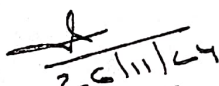
Work & Conduct Report

Attested copies of ACRs/APARs for the last five years.

Statement of Major/Minor Penalties, if any, imposed during the last ten years.

Attested copies of testimonials in respect of their educational qualifications.

4. The applications must be forwarded through proper channel. The applications which are received after closing date and those without the documents as mentioned above will not be entertained at any cost and will be rejected.
5. The officials/officers applying for the above posts will not be permitted to withdraw their candidature latter on and if selected they have to be continued on deputation as per RRs.
6. Applications form (Annexure-I) is available on our website. For more information, kindly visit our website i.e. -<https://health.delhi.gov.in>


(Devendra Kumar Upadhyay)

DY. SECRETARY (HEALTH & FAMILY WELFARE)

PHONE NO. 011 23392031 Extension No. 1907

BIO-DATA PROFORMA

Post applied for: -

1. Name, Address (In Block Letters) & Telephone No. :
2. Date of Birth (In Christian Era) :
3. Date of Retirement under Central/ State Government Rules :
4. Educational Qualifications :
5. Whether educational & other qualifications required for the post are satisfied. (If any qualifications have been treated as equivalent to the one prescribed in the rules, state the authority for the same).

Qualification	Qualification/Experience required	Qualifications experience possessed by the officer
Essential		
Desired		

6. Details of employment in chronological order, Enclose a separate sheet, duly authenticated by your signature, if the space below is insufficient

Office/ Institutions/ Organization	Post Held	From	To	Scale of Pay and Basic Pay	Nature of Duties

7. Nature of present employment, i.e. ad-hoc or Temporary or quasi permanent or permanent
8. In case the present employment is held on deputation/ Contract basis please state: -
 - (a) The date of initial appointment
 - (b) Period of appointment on deputation/contract
 - (c) Name of the parent office/ organization to Which you belong
9. Please state clearly whether, in the light of entries made by you above, you meet the requirements of the post
10. Additional details about present employment
 - Please state whether working under
 - (a) Central Government (b) State Government (c) Autonomous Organization (d) Government Undertaking (e) University

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11. Please state whether you are working in the same department and are in the feeder grade or in the feeder to the feeder grade
12. Are you in Revised Scale of Pay? If yes Give the date from which the revision took place and also indicate the pre-revised scale
13. Total emoluments per month now drawn
14. Additional information, if any, which you would like to mention in support of your suitability for the post. Enclose a separate sheet, if the space is not sufficient
15. Whether belongs to SC/ST/OBC
16. Date of return from the last ex-cadre post
17. Remarks

I undertake that I shall not seek repatriation after my selection, before completion of my tenure as Audiometric Assistant in Health & Family Welfare Department, if selected.

SIGNATURE OF THE CANDIDATE

CERTIFICATE TO BE GIVEN BY THE HEAD OF OFFICE

Certified that the information given above by Sh./Ms. _____ is correct as per records.

It is certified that in case of selection, the official will be relieved immediately.

SIGNATURE OF HEAD OF OFFICE /HOO
STAMP

PHONE NO.:

Note: Please ensure that the following documents are sent along with the application failing which the application shall be treated as incomplete and the same shall not be considered:

- (i) Integrity Certificate
- (ii) Vigilance Clearance Report
- (iii) Work & Conduct Report
- (iv) Attested copies of ACRs/APARs for the last five years
- (v) Penalty Statement for the last five years.