GOVERNMENT OF NATIONAL CAPITAL TERRITORY OF DELHI DEPARTMENT OF HEALTH & FAMILY WELFARE (SOCIETIES BRANCH)

9114 LEVEL, "A"-WING, DELHI SECRETARIAT, NEW DELHI-02

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

I am directed to enclose herewith recruitment advertisement for the post of Director in Chacha Nehru Bal Chikitsalya, Geeta Colony, Delhi, on the official website i.e. http://health.delhigovt.nic.in for uploading. You are requested to upload the said advertisement immediately.

Encl: As above.

U.O. No: F.14(531)/DIR/CNBC/17/CD#000413311/30cieties HFN/123 Dated: 04/11/2022

To,

The System Analyst, Deptt. of H&FW, GNCTD Delhi Secretariat.

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

ADVERTISEMENT TO FILL UP THE POST OF DIRECTOR IN CHACHA NEHRU BAL CHIKITSALAYA, GEETA COLONY, DELHI

Application are invited from the eligible candidates to fill up the post of Director in Chacha Nehru Bal Chikitsalaya, Geeta Colony, Delhi with following age, pay scales and essential education/experience which is as under:-

1.	2.	3.	4.	5.	6.			
SI. No	Name Of Post And No. Of Post	Classification	Pay Band	Whether selection Post or Non selection post	Upper Age Limit			
1	Director(01)	Group A	HAG pay scale as per 7 th CPC Pay Level-15 of Rs. 182200-224100 plus NPA subject to ceiling as fixed by Government.	Selection Post	Below the age of59 years as on the last date of receiving of applications.			
7.	Eligibility Criteria							
	a. Distinguished Doctors serving at the level of Director /Professor or Equivalent scale from DHS Cadre/CHS Cadre.							

The Director shall be Chief Executive Officer of the hospital and shall be directly responsible for the overall management of the Hospital concerned.

The initial tenure of the Director shall be for Three (03) years which may be extended on yearly basis, on satisfactory performance in the previous term and on recommendation of the Governing Council subject to age not exceeding 62 years.

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 viz 12.12.2022

Applications alongwith all the necessary credentials in support of educational qualifications & Clinical as well as Administrative experience should reach the Office of Addl. Secretary (Health & Family Welfare), Room No.904, A-Wing, 9th Level, Delhi Secretariat, New Delhi-110002 on or before 05:00 P.M on 12.12.2022.

NOTE: Department will not be responsible for any postal delay.

Deputy Secretary (Societies)

Application for the post of Director, CNBC

1. Name

	2.	Gender			: Male/Female						
	3.	Age as	Age as on 12.12.2022						РНОТО		
	4.	Father's/Husband's Name						ļ ,			
	5.	Present Address									
	6.	Perman	ent Addre	ss							
	7.	Email A	ddress & N	∕lobile Pho	ne No.						
	8.	Academic/Other Qualification starting from MBBS onwards (as per table below):									
		S.No. Examination Passed		d Year of Passing			Name of College/University				
	9.	Details	of employe	m omt at a 1							
	;	Name of the Employer		ment starting from the position (as Name of the post/designation hel including on deputation		(as per t held	Year of Joining	Year of Leaving	Duration	Pay Scale	
									1		
	 13. Time required for joining, if selected, 14. NOC from present employer, if employed, to be added with application or subsequently before appointment order is issued 15. Undertaking/Declaration regarding correctness of the information/statement given in the application form (to be best of knowledge and belief)(in a format enclosed) 16. Experience of working as Director Professor 										
		Name	of Instituti	on	Since	Ti	ll date		No. of Years		
	17.	7. Experience of Heading an institution Name of Institution Since Till date No. of Years									
	18. List of documents enclosed: photograph, Undertaking, Supporting documents regarding Age, Educational qualifications & Experience and NOC from serving department (if available)										
Date	e:										
									Signatur	e of Applicant	

Name:

UNDERTAKING

I, hereby undertake to informations filled by me in application are true and based of me in original and I will produce the whole set of document so, in the department. I also understand that any informatioutright cancellation of my candidature, even subsequently.	s as and when I am asked to do on wrongly given may result in
	Signature :
	Name :
	Date :
	Designation :