

THE NATIONAL INSTITUTE OF HEALTH AND FAMILY WELFARE BABA GANG NATH MARG, MUNIRKA, NEW DELHI-110067

NOTICE FOR WALK-IN-INTERVIEW FOR THE POST OF LEGAL CONSULTANT (PART-TIME)

The National Institute of Health and Family Welfare (NIHFW) is an Autonomous / Apex Technical Institute funded by the Ministry of Health and Family Welfare for promoting Health and Family Welfare Programmes in the country through Education & Training, Research & Evaluation, specialized services, consultancy and advisory service.

It is proposed to engage 1 (One) retired Government employee at senior level Deputy Secretary / Director to work as **Legal Consultant (On Part-time basis)** at the National Institute of Health and Family Welfare.

Willing and eligible retired officers of the Central Government / State Government / PSUS/ Autonomous bodies / statutory bodies may send their application as per attached proforma. The details are given below:

Name of the Post: Legal Consultant (Part-time basis)

No. of Post:

1 (One)

Remuneration

Rs.2500/- per day (for the days of working)

depending upon qualification & experience. Maximum of Rs.50,000/-p.m.

Qualification:

Degree in Law from a recognized University

 Retired Director / Deputy Secretary or equivalent in Central Government / State Government / Autonomous Bodies / PSUs / Statutory Bodies

Minimum 10 years experience

Experience:

• Should have experience in dealing with Service matters, Disciplinary matters, Vigilance matters and Guiding in Legal matters.

Age limit: Not more than 65 yrs

Duration: Appointment will be initially for a period of one-year extendable further subject to requirement. There will be quarterly review of performance.

Place of Duty: NIHFW, New Delhi.

Date & time of Walk-in-Interview: 15th December, 2021 at 11.00 A.M.

Registration time: 9.30 to 10.30 A.M.

General Instructions:

- An application duly filled in all respect is to be submitted personally in the Computer Lab., 1st Floor, Computer Centre, Academic Block, NIHFW on the date of interview.
- 2. Applications must be submitted in the attached format only.
- 3. Applications must be duly supported by self attested documents related to age, education qualifications and experience etc.
- 4. The candidates are required to submit their application with a subject "Application for the post of Legal Consultant (On Part-time basis)".
- 5. Applications received in the format other than as attached and without supported documents will not be considered and shall be rejected summarily.
- 6. Consolidated remuneration will be paid / decided according to the Gol Rules / Norms.
- 7. The candidate of finally selected candidate's will be provisional and subject to verification of original documents.
- 8. The NIHFW reserves the right to either fill up the post, or not, without assigning any reason.
- 9. The application and self-attested copies of certificates so submitted at the time of verification will not be returned to candidates.
- 10. Candidates must ensure that he/she fulfills the requisite essential qualifications, experience and age etc. on the date of Interview.
- 11. Without original certificates, the candidates will not be considered for appointment. In all cases the decision of this Institute shall be treated as final.
- 12. Canvassing of any form will render candidate as disqualified.

DIRECTOR

आसंग्रम स्वसम्बद्ध

Recent Pass port size Colour photo

The National Institute of Health & Family Welfare Baba Gang Nath Marg, Munirka, New Delhi-110067

1.	Name of the post applied for	:	
2.	Name of the candidate in full	:	(Hindi)
		1	(English)
3.	Father's Name	:	
4.	(a) Address for correspondence	i	
	(b) Mobile phone No.	:	
	(c) Email address	:	
5.	Permanent Address	:	
6.	Date of birth and present age	ir st	
7.	(as on date of interview) Whether belongs to SC/ST/OBC / Minority / PWD (Please specify)	;	

8. Educational Qualifications

Sr. No.	Qualification	Board / University	Year of passing	Max. Marks	Marks obtained	Percentage (%)

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9.	Details	of	amn	ovm	ant:
J.	Details	OI	CITIO	CYTTIC	JIII.

Date:_____

Post held	Name of	Deptt. / Organization	Salary drawing / drawn	From	То		Nature of duties performed	
							8	
10.	In case of P	ensioner:						
Name of th Organization address		Post held	Scale of Pa with Grade		Amount of I Pension	3asic	Remarks	
11.	Any other re	elevant information:					_	
		the self-attested copies Date of Birth, Caste e		s in suppor	t of your educ	cational qua	alification,	
13. I	List of enclo	sures						
((i)	(ii)		(i	ii)			
((iv)	(v) _		(\	/i)			
	I undertake that the information submitted by me is correct to the best of my knowledge and in case of any suppression of information or incorrect information, my services be terminated with immediate effect.							
					Signature	e of the ap	plicant	

Name: