



THE NATIONAL INSTITUTE OF HEALTH AND FAMILY WELFARE
Baba Gangnath Marg, Munirka, New Delhi- 110067

Walk-in- Interview

Advertisement Notice No.C.12029/1/2021-Admn.II

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. The following post need to be filled up for short term for the CGHS Training Course in NIHFW on contractual basis. The duration of the appointment will be initially for a period of **One month**. The contract may be curtailed or extended based on requirement and performance during the period:-

Sl.No	Name of the post	No. of Post/s	Salary Range in Rs. Per month	Date and time for Interview
1.	Consultant	1	Rs. 80,000/- to Rs.1,20,000/- p.m.	20 th December, 2021 at 11.30 A.M.

1. **Name of the Post :** Consultant
No. of Post: 1 (One)
Salary: Rs. 80,000/- to Rs.1,20,000/- p.m.
Qualification: Essential:

MD in PSM/CHA or equivalent with 15 years of experience in teaching / training

Job Responsibilities:

To develop module in consensus with key stakeholders.

Age limit: 70 years.

Duration: Initially for a period of One month

Date & Time of Walk-in-Interview: 20th December, 2021 at 11.30 A.M.

Registration time: 9.30 to 10.30 A.M.

Place of Duty: The National Institute of Health and Family Welfare (NIHFW), Munirka, New Delhi-110067.

General Instructions:

1. Age will be calculated on the date of Interview. No age relaxation is admissible on the contractual posts.
2. Registration will be done on the basis of token system for the post where Interview has been provided. Tokens will not be served after the closing of registration time.
3. Interested candidates may appear for **Walk-in-Interview** which will be held on the above mentioned date and time in the **Computer Centre Lab. No.1, Academic Block, NIHFW, New Delhi** along with detailed CV as per performa enclosed and self-attested copies of age proof, photo ID proof, qualifications and experience certificates failing which they will not be considered for registration.
4. Candidates have to make their own arrangement for appearing for Interview and no TA / DA will be paid to them.
5. NIHFW reserves the right to either fill up the post, or not without assigning any reason.
6. The candidates reporting after registration time will not be entertained. The application and certificate submitted at the time of registration will not be returned back to candidates.
7. Candidates must ensure that he/she fulfill the requisite qualifications, experience and age etc. on the date of Interview.
8. Candidates are requested to download the attached format and bring with him/her duly filled in all respect alongwith xerox copy of the Certificates / Proof of Age, Qualification, Experience and residential proof etc.
9. **Without original certificates the candidates will not be considered for registration.**

DIRECTOR

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आरोग्यम् सुखसम्पदा

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

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1. Name of the post applied for : _____
2. Name of the candidate in full : _____ (Hindi)
: _____ (English)
3. Father's Name : _____
4. (a) Address for correspondence : _____
: _____
(b) Mobile phone No. : _____
(c) Email address : _____
5. Permanent Address : _____
6. Date of birth and present age : _____
(as on date of interview)
7. Educational Qualifications :

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

8. Details of employment:

Post held	Name of Deptt. / Organization	Salary drawing / drawn	From	To	Nature of duties performed

9. In case of Pensioner:

Name of the Organization with full address	Post held	Scale of Pay / PB with Grade Pay	Amount of Basic Pension	Remarks

10. Any other relevant information: _____

11. Please link the self-attested copies of certificates in support of your educational qualification, experience, Date of Birth, Caste etc.

12. List of enclosures

(i) _____ (ii) _____ (iii) _____

(iv) _____ (v) _____ (vi) _____

13. 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 of the applicant

Date: _____

Name: _____