

**F.No.A.12024/1/2017-Admn.I**  
**NATIONAL INSTITUTE OF HEALTH AND FAMILY WELFARE**

**VACANCY NOTICE**

This autonomous Institute funded by the Ministry of Health and Family Welfare is an apex Technical Institute for promoting Health and Family Welfare Programmes in the country through Education and Training, Research and Evaluation, Consultancy, Advisory and Specialized Services.

Applications are invited from the Citizens of India for the following posts:

<b>Sl. No.</b>	<b>Name of Post</b>	<b>Pay Band and Grade Pay*</b>	<b>No. of post</b>	<b>Reservation</b>
1.	Jr. Hindi Translator	Rs.9300-34800 + Grade Pay Rs.4200	01	UR
2.	Stenographer Grade II	Rs.9300-34800 + Grade Pay Rs.4200	01	UR(OH-OL) Orthopedically Handicapped-one leg

\*The candidates appointed will be eligible for pay as per 7th CPC after its implementation in the Institute.

**1. Jr.Hindi Translator-01(UR)**

**Pay Band** - Rs.9300-34800 + Grade Pay Rs.4200

**Age Limit** – Not exceeding 30 years

**Essential Qualifications:**

- I. Degree of a recognised university with Hindi and English as Elective Subjects.
- II. Two years experience in translation from English to Hindi and vice-versa

**2. Stenographer Grade II – 01(UR) (Orthopedically Handicapped-one leg)**

**Pay Band** – Rs.9300-34800 + Grade pay Rs.4200

**Age limit** – Not exceeding 25 years

**Essential Qualifications:**

- I. Matriculation or equivalent from a recognized Board.
- II. English Shorthand at a speed of 120 words per minute.
- III. English typewriting at a speed of 40 words per minute.

**Desirable:**

- I. Experience as a Stenographer in a Government Department or Institution / Organization of repute.
- II. Degree of a recognized University or equivalent.

## **GENERAL:**

1. Age limit as on 01.07.2017. Age limit relaxable in case of SC/ST/OBC candidates/person with disability (OH-OL) /Candidates in Govt. service as per Central Govt. Rules.
2. The candidates appointed will be governed by new Contributory Pension Scheme effective from 01.01.2004.
3. Canvassing in any form by or on behalf of the candidates will disqualify the candidates.
4. Mere fulfilling of essential qualifications would not entail a candidate to be called for interview.
5. No correspondence will be entertained from the applicant either before or after the selection. The decision of the Institute would be final.
6. NIHFWS reserves the right to either fill up all the posts or some or none of them without giving any reason.
7. Incomplete application will not be considered.
8. Separate application should be used for each post.

## **HOW TO APPLY:**

1. Interested and eligible candidates may apply on plain paper as per the given proforma along with fee of **Rs.300/- by a crossed Indian Postal Order/Demand Draft** in favour of Director, National Institute of Health and Family Welfare, New Delhi payable at New Delhi (**No fee for SC/ST/Women candidate/person with disability**) etc.
2. Candidates working in Govt. / Semi Govt. organizations must apply through proper channel.
3. Completed application along with self-attested photocopies of educational qualifications, Proof of belonging to SC/ST/OBC/person with disability(OH) and experience certificate should reach the Dy. Director (Admn.), NIHFWS, Baba Gang Nath Marg, Munirka, New Delhi – 110067 latest by 24.04.2017.
4. Late applications / incomplete applications / interim enquiries will not be entertained.

**Director**

**F.No.A.12024/1/2017-Admn.I**  
**APPLICATION FROM**

ATTACH A RECENT PHOTOGRAPH	<p>APPLICATION SHOULD BE ACCOMANIED BY A CROSSED INDIAN POSTAL ORDER / DEMAND DRAFT OF Rs.300/- (THREE HUNDRED) PAYABLE AT NEW DELHI AS APPLICATION FEE. NO FEE FOR SC/ST/WOMEN/PWD CANDIDATES.</p> <p>Give details of the Indian Postal Order / Demand Draft below:</p> <p>1. Name of the Post Office/bank _____</p> <p>2. No. and Date _____</p> <p>3. Amount _____</p>
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1. Name of the post applied for:
2. Name of Candidate in full:
3. Father's Name:
4. Date of Birth:
5. Age as on 1.7.2017:
6. Present postal Address with Telephone No:
7. Permanent Address:
8. Name of the Employment Exchange and Registration No. if any:
9. Are you employed, if so, give the name and the address of the Employer:
10. Whether belongs to SC/ST/OBC/person with disability if so, specify the category : Yes / No  
(Self Attested copy of certificate to be attached)
11. Whether person with disability (enclosed self-attested copy of certificate):

12. Details of Educational and other professional / Technical qualifications:

Sl. No	Qualification	Board/University	Year of Passing	Max. Marks	Marks Obtained	Percentage (%)

13. Details of Employment:

Organization	Post	Pay Scale	From	To

14. Any other relevant information:

15. List of enclosures:

16. Remarks of the employer if application is forwarded through proper channel:

**Signature of the Candidate**