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| **C:\Documents and Settings\paul\Desktop\NBE Logo\NBE LOGO.JPG** | **NATIONAL BOARD OF EXAMINATIONS**  Autonomous body of the M/o. Health & Family Welfare, Govt. of India  NAMS Building, Ansari Nagar,  New Delhi – 110029 |
| **VACANCY NOTICE – NBE/Rectt./ED/1-2019**  The National Board of Examinations is an autonomous body established by the Ministry of Health & Family Welfare, Government of India to conduct Post Graduate Examinations of high standards in the field of Modern Medicine and allied specialties at National level. The NBE invites applications from eligible candidates for filling up One post of **Executive Director-NBE** (on Deputation basis)  Pay Scale : Rs. 1,44,200 – 2,18,200 (Level 14) + NPA  Age : Not exceeding 55 years  Educational Post Graduate Degree in Medicine or Surgery or  Qualifications: Public Health and/or any of their branches  Detailed advertisement, requisite qualifications/experience and application form are available at [www.natboard.edu.in/vacancy.php](http://www.natboard.edu.in/vacancy.php)  Duly filled application forms along with copies of testimonials should reach on or before **30th April 2019**.  Sd/-  9th March 2019 Deputy Director (Admin.) | |

**Annexure-I**

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| **C:\Documents and Settings\paul\Desktop\NBE Logo\NBE LOGO.JPG** | **NATIONAL BOARD OF EXAMINATIONS**  Autonomous body of the M/o. Health & Family Welfare, Govt. of India  NAMS Building, Medical Enclave, Ansari Nagar,  New Delhi – 110029 |

**DETAILED VACANCY NOTICE - NBE/Rectt./ED/1-2019**

The National Board of Examinations is an organization, established by the Ministry of Health & Family Welfare, Government of India to conduct Post-graduate Examinations of high standards in the field of Modern Medicine and allied specialties at National Level. The NBE invites applications from eligible and desirous candidates working in Central Govt. /State Govt./Autonomous institutions, for the post of Executive Director-NBE to be filled on deputation basis for a period of 3 years.

Name of the Post : **Executive Director-NBE (on Deputation)**

No. of Vacancies : One

Scale of pay : Rs. 144200 – 218200 (Level 14) + NPA

Age : Not exceeding 55 years.

**Educational and other Qualification:**

**Essential:**

* A Post Graduate Degree in Medicine or Surgery or Public Health and/or any of their branches.
* Twenty years standing in the profession.
* Minimum 10 years Teaching experience at Postgraduate level in a Faculty position after Post Graduation.
* Experience of 5 years as Prof & Head/Professor/Director/Dean of a Medical College or its equivalent.

**Desirable:**

* Experience in Medical Education Technology.
* Wide knowledge in the Modern Evaluation techniques including generation of MCQs and MEQs analysis of performance of the candidates etc.

**Note:**

1. Applicants working in Central Govt. /State Govt./Autonomous institutions should have their application forwarded with all enclosures, through Proper channel. However, advance copy of the application may be submitted before the last date.
2. Vigilance Clearance and APARs for the last 5 years duly attested by the employer should also be submitted along with the application.
3. The incumbent shall be entitled to Pay and allowances as payable to Central Govt. officials of equivalent rank/level.
4. Medical facilities for self and dependent as per NBE guidelines.
5. Accommodation is not provided by the NBE.
6. NBE reserves its right to alter/delete/modify or amend any or all of the above criteria.
7. The decision of NBE shall be final and binding in all respect.
8. No Interim correspondence will be entertained.

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2. The appointment shall be made on deputation basis initially for a period of three years which may be extended further in accordance to the instructions issued by DOPT from time to time. The maximum age limit for appointment on deputation basis is 55 years as on the closing date of receipt of applications by NBE.

3. Executive Director-NBE is entitled to Pay and Allowances of Level 14 of the Pay Matrix, that is applicable to Central Government employees. The fixation of pay/deputation (duty) allowance shall be governed by instructions issued by DOP&T from time to time. Medical reimbursement is admissible as per NBE Medical rules. NBE shall provide residential accommodation as per entitlement. The Main office of NBE is situated at PSP Area, Sector-9, Dwarka, New Delhi-110075.

4. The application in the prescribed format (Annexure-II) containing name, date of birth, age, educational qualifications, work experience, present post held, scale of pay and basic pay drawn etc. along with attested copies of testimonials, Vigilance clearance and APARs for the last 5 years may be sent to the following address, through proper channel, before the last date i.e. **30th April, 2019** with the superscription “Application for the post of Executive Director”:

The Deputy Director (Admin)

National Board of Examinations,

NAMS Building, Medical Enclave,

Ansari Nagar, Mahatma Gandhi Marg,

New Delhi-110029

5. All eligible Officers of the Medical Services of the Central Govt./ State Govts. / Defence Services / Railways / AIIMS /PGIMERs /Govt. Medical Colleges / Govt. Medical Institutions etc., are encouraged to apply for the said post.

Encl: As above

**Deputy Director (Admin)**

**National Board of Examinations**

**Annexure-II**

**Attested copy of passport size photograph to be pasted**

**FORMAT OF APPLICATION**

**for the post of**

**EXECUTIVE DIRECTOR – NBE**

**(on Deputation)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1. | Name in Full (IN BLOCK LETTERS) | | |  | | |
| 2. | Date of Birth (DD/MM/YYYY) | | |  | | |
| 3. | Date of superannuation (DD/MM/YYYY) | | |  | | |
| 4. | Service to which you belong to | | |  | | |
| 5. | Office address with Email and Contact Nos. | | |  | | |
| 6. | Residential Address with Contact Nos. | | |  | | |
| 7. | Present post held along with date | | |  | | |
| 8. | Scale of Pay / Level in Pay matrix | | |  | | |
| 9. | Basic Pay | | |  | | |
| 10. | Educational Qualification (Matriculation onwards): | | | | | |
| 11. | Examination Passed | Name of University/Institute/  Board | Year of Passing | Duration of Course | Subjects | Percentage of Marks |
|  |  |  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 12. | Please state clearly whether you meet the requisite Essential Educational and other qualifications required for the post (if any qualification has been treated as equivalent to the one prescribed in the rule, state the authority for the same) | | | | | | | |
|  | **Qualification/Experience required** | | | **Qualification/Experience possessed by** | | | | |
|  | **Essential:** | | | **Essential:** | | | | |
|  | A) Qualification | | | A) Qualification | | | | |
|  | 1. B) Experience | | | 1. B) Experience | | | | |
|  | **Desirable** | | | **Desirable** | | | | |
|  | A) Qualification | | | A) Qualification | | | | |
|  | B) Experience | | | B) Experience | | | | |
| 13. | Details of employment in chorological order) if needed, enclose a separate sheet duly authenticated by your signature in the format given below): | | | | | | | |
|  | Name of Office/ Instt./ Organizations | Post Held (Designation) | Nature of Appointment (Regular/  Ad-hoc/ Contract) | | Period of service | | Scale of Pay and Level | Nature of Duties |
|  |  |  |  | | From | To |  |  |
|  |  |  |  | |  |  |  |  |
| 14. | Details of Post Graduate Teaching experience in a Medical College or its equivalent, in chronological order & specify number of years of such experience. | | | | | | | |

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| 15. | In case the present employment is held on deputation, please state:   1. The date of initial appointment 2. Name and address of parent office 3. Period of deputation, with date from and name & address of organization |  |
| 16. | Trainings undergone with duration and dates |  |
| 17. | Any other information, applicant wishes to furnish: |  |
| 18. | Please state briefly how you find yourself best suitable for the post applied for: | |
|  |  | |

**#** Applicant not holding the post in the pay Band/Grade Pay pertaining to Central Government should indicate the equivalence of the pay scale viz-a-viz the Central Government’s pay scales.

I have carefully gone through the vacancy circular/ advertisement and I am well aware that this Application Form and enclosures submitted by me will also be assessed by the Selection Committee at the time of selection for the post. It is also certified that the information furnished above is correct and true to the best of my knowledge. In the event of my selection I shall abide by the terms and conditions of services attached to the post.

Place:

Date:

(Signature)

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(Certificate to be furnished by the Employer/Head of Office/Forwarding Authority on Letter Head)**

Certified that the information / details provided in the above application by the applicant Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_are true and correct as per the facts available on record. He / she possesses educational qualifications and experience mentioned in vacancy circular. If selected, he/she will be relieved immediately.

2. It is also certified: -

(i) That there is no Vigilance/Disciplinary case or criminal case pending or contemplated against Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

(ii) That his / her integrity is certified.

(iii) That no major / minor penalty has been imposed on him / her during that last ten years **or** A list of major penalties imposed on him / her during the last ten years is enclosed (as the case may be).

(iv) That photocopies of his/her ACRs/APARs for the last five years duly attested by an officer equivalent to the rank of Under Secretary to the Govt. of India or above, are enclosed.

(v) That the cadre controlling authority has no objection to the consideration of the application submitted by Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for the post mentioned in this advertisement.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and Designation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tel. No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Office Seal

Place:

Date:

List of enclosures (duly attested):

1.

2.

3.

4.

5.