



भारत सरकार/GOVERNMENT OF INDIA  
MINISTRY OF HEALTH & FAMILY WELFARE  
डा; राम मनोहर लोहिया अस्पताल, नई दिल्ली  
DR. RAM MANOHAR LOHIA HOSPITAL, NEW DELHI



File No. 6-1/2012 RMLH (HA-I)

Dated:29.04.2016

**Circular**

**Sub:- Filling up the one (01) post of Administrative office in Dr. RML Hospital, New Delhi on Deputation basis.**

One post of Administrative Officer in the (PB-2 Rs. 9300-34800)+Grade Pay Rs. 4800/- is proposed to be filled in Dr. Ram Manohar Lohia Hospital, New Delhi on deputation basis. The eligibility for the post is given in Annexure-I initially the period of deputation may be for a period of three years. The pay of the selected candidates will be regulated in accordance with (Department of Personnel & Training O.M NO. 2/29/91-Esst. (Pay II) dated 5.1.1994 as amended from office orders of Government of India on the Subject.

It is requested that application of suitable candidates who are eligible, willing and can be spared immediately, may be forwarded to the undersigned within 45 days from the advertisement in the prescribed pro-forma ( Annexure-II) through concerned Cadre Controlling Authority. The Cadre Controlling Authority should carefully check the applications and ensure that the particulars mentioned there in are correct. The application must be supported with the vigilance clearance and authenticated copies of ACT dossier containing last five year i.e. up to 31.03.2016. Applications received after the last date of without vigilance clearance and up to date ACR Dossier may not be considered.

**Details are available on Hospitals's web-site <http://rmlh.nic.in>**

-SD-

[Shambhu Kumar ]  
Deputy Director (Admin.)

**Eligibility for the post of Administrative Office in Dr. Ram Manohar Lohia Hospital, New Delhi on deputation basis.**

1. Name of the post: Administrative Officer
2. No. Of post :- 01 (one) PB-2 Rs. 9300-34800 + GP Rs. 4800/- (Pre- revised Scale of Pay ( Rs. 7500-250-12000/-)
3. Mode of Recruitment: On deputation basis Officers under the Central Government holding analogous posts or with at least 5/8 year's service in post in the scale of PB -2 Rs. 9300-34800+GP Rs. 4200/- of equivalent respectively and having experience of establishment work.

(Period of deputation shall ordinarily not exceed 3 years.)

**BIO DATA PROFORMA FOR THE POST OF ADMINISTRATIVE OFFICER ON  
DEPUTATION BASIS IN DR. RAM MANOHAR LOHIA HOSPITAL, NEW DELHI**

1. Name of the post Applied for : ADMINISTRATIVE OFFICER
2. Name and Address in BLOCK LETTERS : .....
3. Date of Birth (in Christian era) : .....
4. Date of Retirement under Central Govt. : .....
5. Educational Qualifications : .....
6. Whether Educational and other qualifications required for the post's are satisfied (If any, qualification has been treated as equivalent to the prescribed in the rules, state the authority for the same).
- 7.

Qualifications/experience required	Qualifications/Experience possessed by the Officer
Essential: (i) (ii) (iii)	
Desired: (i) (ii) (iii)	

8. Please state clearly whether in the light of entries made by you, above you meet the requirement of the post.
9. Details of employment, in chronological order. Enclose a separate sheet duly authorized by your signature, if the space below is insufficient.

Office/Instt./ Orgn.	Post held	From	To	Pre-revised scale of pay/ Pay Band & Grade Pay	Nature of Duties

10. Nature of present employment i.e. ad-hoc or temporary or quasi permanent/or permanent.
11. In case the present employment is held on deputation/contract basis, please state;
  - (a) The date of Initial Appointment:
  - (b) Period of appointment on deputation/contract:
  - (c) Name of the parent office/organization to which you belong:
12. Additional details about present employment. Please state whether working under: -
  - (a) Central Government
  - (b) State Government
  - (c) Autonomous Organization
  - (d) Government Undertaking
  - (e) Universities
  - (f) Others
13. Additional information, if any, which you would like to mention in support of your suitability for the post. Enclose a separate sheet, if the space in insufficient.
14. Whether belongs to SC/ST.

Date: .....

.....  
Signature of the candidate  
Address.....  
Contact No. (Residence).....  
(Office).....  
E-mail.....

Countersigned by forwarding Officer  
(Employer)  
Name.....  
Designation.....  
Contact No.....  
E-mail ID.....