

No. A.12020/2/2021-PRCPartII (8316863) Government of India National Centre for Disease Control (Directorate General of Health Services) 22-Sham Nath Marg, Delhi -110 054



### PUBLIC NOTICE

Applications are invited for engagement of the Specialist Gr.-III (PH) and Specialist Gr.-III (Micro.), for a period of one year or till these posts are filled on regular basis, whichever is earlier, at NCDC, Delhi and its branches on contract basis through Screening cum Selection Mode at NCDC, 22-Sham Nath Marg (Near Civil Lines Metro Station), Delhi- 110 054, as under: -

Name of the post	Total no. of posts	Age limit	Consolidated remuneration	Educational Qualifications Required
	1		per month (Rs.)	
1	2	3	4	5
Specialist GrIII (PH)	13 (Delhi – 11, Chennai – 01, Varanasi – 01) (UR – 06, OBC – 03, SC – 02, ST – 01, EWS – 01)	Not exceeding 40 years (relaxable as per DoP&T guidelines)	1,23,500/-	<ul> <li>ESSENTIAL:</li> <li>i) A recognized MBBS degree qualification i ncluded in the First Schedule or Second Sche dule or Part II of the Third Schedule (other th an licentiate qualifications) to the Indian Med ical Council Act, 1956. (102 of 1956). Holder s of Educational qualifications included in Pa rt II of the Third Schedule should also fulfil t he conditions specified in sub-section (3) of s ection 13 of the Indian Medical Council Act, 1956. (102 of 1956).</li> <li>ii) Post-graduate degree or diploma in the con cerned Specialty or Super-specialty of Public Health mentioned in Section-A or Section-B of Schedule-VI or equivalent.</li> <li>iii) Three years' experience in the concerned specialty after obtaining the Post-graduate de gree of five years' experience in the Specialty after obtaining the Post-graduate diploma.</li> </ul>
Specialist GrIII (Micro.)	05 (Delhi – 05) (UR – 04, OBC – 01)	Not exceeding 40 years (relaxable as per DoP&T guidelines)	1,23,500/-	<ul> <li>ESSENTIAL QUALIFICATIONS:</li> <li>(A) EDUCATIONAL:</li> <li>(i) A recognized MBBS degree qualification i ncluded in the First Schedule or Second Sche dule or Part II of the Third Schedule (other th an licentiate qualifications) to the Indian Med ical Council Act, 1956 (102 of 1956). Holder s of Educational qualifications included in Pa rt II of the Third Schedule should also fulfil t he conditions specified in sub-section (3) of s ection 13 of the Indian Medical Council Act, 1956 (102 of 1956).</li> <li>(ii) Post-Graduate degree in the concerned sp eciality or super speciality mentioned in Section -A of Schedule VI from recognized Teaching Institute i.e. Doctor of Medicine (Bacterio logy); or Diplomate National Board (Bacteriology) or Doctor of Medicine (Microbiology) or</li> </ul>

46/2025/National Centre for Pisease Control	Dechalor of Medicine and Dechalor of Surger
	Bachelor of Medicine and Bachelor of Surger
	y with Master of Science (Medical Bacteriolo
	gy) or Master of Science (Medical Microbiology) w
	ith Doctor of Philosophy (Medical Bacteriolo
	gy) or
	Master of Science (Medical Bacteriology) wi
	th Doctor of Philosophy (Medical Bacteriolo
	gy) or
	Master of Science (Medical Bacteriology) wi
	th Doctor of Science (Medical Bacteriology) wi
	or
	Master of Science (Medical Microbiology) w
	ith Doctor of Philosophy (Medical Microbiol
	ogy) or
	Master of Science (Medical Microbiology) w
	ith Doctor of Science (Medical Microbiology
	).
	(B) EXPERIENCE:
	Three years' experience in the concerned spe
	ciality or super speciality after obtaining the f
	irst Post-graduate degree.
	NOTE-I: Any Post Graduate Degree awarde
	d by any Indian Universities, included in or e
	xcluded from, the Schedules to Indian Medic
	al Council Act, 1956 (102 of 1956), conseque
	nt to recognition granted or withdrawn by Go
	vt. of India as per provisions of the said Act s
	hall be deemed to have been included or excl
	uded accordingly from the Schedule-VI.
	<b>NOTE-II:</b> The Post-Graduation Medical Qua
	lifications awarded by Indian Universities, m
	ust have been included in the Schedules to th e Indian Medical Council Act, 1956 (102 of 1
	956) for the purpose of Schedule VI.
	<b>NOTE-III:</b> DNB qualifications is subject to t
	he provisions of the requirement prescribed i
	n Minimum Qualifications for Teachers in M
	edical Institution (Amendment) Regulations 2
	012, amended Notification No.MCI-12(2)/20
	10-Med. Misc. dated 11.06.2012 or as amend
	ed from time to time. [Accordingly, the candi
	dates holding DNB qualifications would need
	to get their qualification verified by NBE as t
	o whether it is as per the requirement of the G
	azette Notification No.MCI-12(2)/2018-Med.
	Misc./142810 dated 31.10.2018 and upload s
	uch verification certificate along with the onli
	ne application.]
	<b>NOTE-IV:</b> The crucial date for determining
	the age limit shall be the closing date for rece
	ipt of applications from candidates in India.

#### **Other Conditions of Service**

- 1. They will be governed by the Contractual Service Agreement (CSA) to be signed at the time of joining.
- 2. No TA will be paid for attending interview.
- 3. The positions are purely contractual and will continue on yearly requirement basis.
- 4. The employees will not be treated the employees of NCDC. They will have no claim for regular employment under NCDC.
- 5. The appointee will not be granted any claim or right or preference for regular appointments to any posts under the Government of India or any institutions funded by Government of India.
- 6. He/She will not be entitled for any other allowance, financial benefits or concessions and medical facilities apart from the consolidated remuneration.
- 7. They will not divulge any information, gathered by him/her during the period of assignment, to anyone who is not authorized to know/have the same.
- 8. No medical facility shall be provided to him by the NCDC. The remuneration is deemed to include an element to cover the cost of medical cover, if any.
- 9. The NCDC shall not be responsible for any loss, accident, damages/injury suffered by him/her, whatsoever arising in or out of the execution of his/her work including travel.
- 10. During the terms of service, he/she shall not engage in any private business of professional activity which could conflict with interest of the Government.
- 11. 30 days Annual Leave (2 <sup>1</sup>/<sub>2</sub> days each completed month) and 10 days C/L or sick leave will be given during a year.
- 12. The service can be terminated by either side by giving one month's notice.

The last date of submission of application is 08.06.2025. The application must reach this office on or before 08.06.2025, by speed post/ by hand on all working days from 10.00 AM to 5.00 PM at General Services Section, Room No. 202, NCDC, 22 – Sham Nath Marg, Delhi - 110054. Application received after 08.06.2025 will not be entertained.

After scrutiny of the application forms, only eligible candidates as per ToR will be informed through email to appear for interview with date and time.

(PRAKASH DOVAL) Assistant Director (Admin.) Email: prakashdoval@ncdc.gov.in Phone No. 011-23971875 Post applied for:

# **APPLICATION FORM**

1.	Name of the Applicant: (In capital letter)	
2.	Father/Husband's Name:	Self- attested
3.	Mother's Name:	colour photo
4.	Date of Birth:	
5.	Age as on 08.06.2025: Years Months Days.	

6. Gender (Male/Female): \_\_\_\_\_

# 7. Educational Qualifications:

SI. No.	Academic/ Professional Qualification	Name Institution	of	Board/ University	Course Duration/ Year of passing out	Division/ Grade/ Percentage

### 8. Desirable Qualification:

SI. No.	Academic/ Professional Qualification	Name of Institution	Board/ University	Course Duration/ Year of passing out	Division/ Grade/ Percentage

#### 9. Experience:

SI. No.	Designation	Name of Institution/Employer	From	
	with whom you have w	1 1 1		

Designation\_\_\_\_\_ and Contact No.\_\_\_\_\_)

#### **10.** Training/Short course attended (if any):

## 11. Award and/or Outstanding Achievements:

#### 12. Contact Details:

a.	Mailing	Address:
----	---------	----------

b. Permanent Address:

c.	Telephone Number:	(Mob.)	
----	-------------------	--------	--

d. Email ID: \_\_\_\_\_

# 13. Documents to be enclosed: Duly self-attested (Please Tick)

- 1.Degree/Diploma/Certificate( )2.Experience Certificate( )3.Age Proof( )
- 4. Any Other ()

# **UNDERTAKING:**

I hereby certify that all the information given above is true and correct to the best of my knowledge. If any of the above information is found to be incorrect or concealed at a later stage, I shall be liable to be disqualified and termination from the assignment.

Signature of the Applicant

Date: \_\_\_\_\_ Place: \_\_\_\_\_