

**PUBLIC NOTICE**

Applications are invited for engagement of the 07 Non-Medical Scientists [02-AD (Ent.) and 05-DAD (Ent.)] in NCDC, Delhi and its branches (on contract basis) through Screening cum selection mode, for a period of one year or till these posts are filled on regular basis, whichever is earlier, at NCDC, 22-Sham Nath Marg (Near Civil Line Metro Station), Delhi- 110 054, as under: -

Name of the post	Total no. of posts	Age limit	Consolidated remuneration per month (Rs.)	Educational Qualifications Required
1	2	3	4	5
Assistant Director (Ent.)	02  (Delhi – 1, Bangalore – 1)  (UR – 02)	Not exceeding 40 years (relaxable as per DoP&T guidelines)	67,700/-	Essential:  (i) Master's degree in Zoology with Entomology of a recognised University or equivalent.  (ii) Seven years' experience in teaching and/or research and/or control in the field of Medical Entomology or Malariology or Filariology.  Desirable:  (i) Doctorate in Entomology.  (ii) Training in advanced Medical Entomology or Malariology or Filariology.
Deputy Assistant Director (Ent.)	05  (Delhi – 2, Varanasi – 1, Rajahmundry – 1, Chennai -1)  (UR – 02, ST – 01, SC – 01, OBC - 01)	Not exceeding 35 years (relaxable as per DoP&T guidelines)	56,100/-	Essential:  (i) M. Sc. degree in Zoology with Entomology of a recognised University or equivalent.  (ii) 3 years' experience in teaching and/or research and/or control in the field of Medical Entomology or Malariology or Filariology.  Desirable:  Training in advanced Medical Entomology or Malariology or Filariology.

### **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 ½ 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 05.06.2025. The application must reach this office on or before 05.06.2025, 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 05.06.2025 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



# APPLICATION FORM

Post applied for:

1. Name of the Applicant: (In capital letter) \_\_\_\_\_

2. Father/Husband's Name: \_\_\_\_\_

3. Mother's Name: \_\_\_\_\_

4. Date of Birth: \_\_\_\_\_

5. Age as on 05.06.2025: \_\_\_\_\_ Years \_\_\_\_\_ Months \_\_\_\_\_ Days.

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

7. Educational Qualifications:

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

8. Desirable Qualification:

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

Self-  
attested  
colour  
photo

**9. Experience:**

Sl. No.	Designation	Name of Institution/Employer	From	

(Reference with whom you have worked: Name: \_\_\_\_\_)

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)**

- Degree/Diploma/Certificate** ( )
- Experience Certificate** ( )
- Age Proof** ( )
- 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:** \_\_\_\_\_