



IMPORTANT NOTE: THE PROCESS OF SUBMISSION/RECEIVING OF APPLICATIONS IS PURELY DETERMINED FROM THE DATE OF PUBLICATION OF THIS ADVERTISEMENT IN NEWSPAPER ONLY NOT FROM THE UPLOADING DATE OF THIS ADVERTISEMENT ON HOSPITAL WEB-SITE.

Applications are invited to fill up one post of Technical Assistant in Dental Surgery in the Pay Matrix Level- 5 in Lady Hardinge Medical College & Smt. S. K. Hospital, New Delhi on deputation basis from suitable candidates. The particulars of the post and eligibility conditions etc. are given in Annexure-I.

2. The pay of the selected officer will be regulated in accordance with Department of Personnel & Training OM No. 2/29/21-Estt. (Pay-II) Dt. 05.01.1994 and OM No. 02.08.1997-Estt (Pay-II) dated 11.03.1998 as amended from time to time.

3. Applications in the given proforma (Annexure-II) along with complete and up to date APAR dossiers of the officers who can be spared in the event of their selection, may be sent to the Director, Lady Hardinge Medical College & Smt. S. K. Hospital, New Delhi within a period of 45 days from the date of publication of this advertisement.

4. Applications received after the last date or without the APAR dossiers or otherwise found incomplete will not be considered. While forwarding the applications, it may also be verified and certified that the particulars furnished by the officers are correct and no disciplinary case is either pending or contemplated against him. The integrity of the officer may also please be certified.

N
12/6/18

(NEERAJ SACHDEVA)
DEPUTY DIRECTOR (ADMN)

Annexure – I

1	Post	Technical Assistant in Dental Surgery , LHMC & Smt. S.K. Hospital, New Delhi
2	Pay Band	Pay Matrix Level 5
3	Eligibility Criteria	<p>1) Officer under the Central or State Government or Union Territories or autonomous or statutory organizations or Public Sector Undertaking or University or recognized Research Institution (a)(i) holding analogous posts on regular basis: or (ii) with five years regular service in Level 4 (Rs. 25500- 81100)and</p> <p>(2) Possessing the following qualifications and experience as under: i) 12th Class pass from a recognized Board. ii) Diploma in Dental Hygiene from a recognized Institute and;</p> <p>3) One year experience as Dental Hygienists or Dental Technician in a Recognized Hospital or Institute.</p>

Note:- The period of deputation(including short term contract) including the period of deputation(including short term contract) in another ex-cadre post held immediately preceding this appointment in the same or some other organization or department shall ordinarily not exceed three years. The maximum age limit for appointment by deputation shall not be exceeding 56 years as on the closing date of receipt of applications.

BIO DATA PROFORMA

1. Name and Address (in Block Letters) _____
2. Date of Birth (in Christian era) _____
3. Date of retirement under Central/State Govt. rules _____
4. Educational Qualifications _____
5. Whether educational and other qualifications required for the post are satisfied, (if any qualification has been treated as equivalent to the one prescribed in the rules, state the Authorities for the same).

Qualification/Exp. Required

Qualification/Exp.
Possessed by the
Officer

i) Essential

- 1) _____
- 2) _____
- 3) _____

(ii) Desirable

- 1) _____
- 2) _____
- 3) _____

6. Please state clearly whether in the light of entries made by you above, you meet the requirements of the post. _____
7. Details of employment, in chronological order, enclose a separate sheet, duly authenticated by your signature, if the space below is in sufficient: -

Office/Institution/. Organization.	Post held	From	To	Scale of Pay & Basic Pay	Nature of duties

8. Nature of present employment
(ad-hoc/temp./permanent/
Quasi-permanent) _____

Contd..../-

- 9 In case present employment 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
- 10 Additional details about present employment:
Please state whether working under :- (a) Central Govt. (b) State Govt. (c) Autonomous Org. (d) Govt. Undertaking _____
- 11 Are you in a revised scale of pay, if yes,
The date from which date the revision took place _____
- 12 Total emoluments per month drawn now: _____
- 13 Additional information, in any, which would
you like to mention for your suitability for the post.
Enclosed a separate sheet if the space is insufficient. _____
- 14 Whether belongs to SC/ST/OBC/UR _____
- 15 Remarks, if any, _____

Signature of the candidates

Address _____

Date:

Place:

Counter signed by the present employer _____