



सत्यमेव जयते

भारत सरकार

GOVERNMENT OF INDIA

लेडी हार्डिंग मेडिकल कॉलेज और श्रीमती एस. के. अस्पताल, नई दिल्ली

LADY HARDINGE MEDICAL COLLEGE & SMT. S K HOSPITAL, NEW DELHI
GENERAL SECTION

F. No. M/526/2025-RTI/98

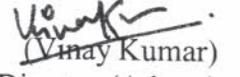
Dated: 03.11.2025

CIRCULAR

Subject: Appointment of Head of Department (HoD) in three Central Government Hospitals and associated Medical Colleges – regarding.

The undersigned is directed to forward herewith a copy of Ministry Circular No. A.17020/31/2024-MH-I dated 31.10.2025, inviting applications for appointment to the post of Head of Department (HoD) for various departments in three Central Government and associated Medical Colleges. The Ministry Circular is enclosed herewith (Enclosure–II) for information and necessary action, if any.

2. The applications along with PowerPoint presentations (Enclosure–III) are to be submitted electronically through proper channel via official email to membersecy-mohfw@gov.in on or before 15.11.2025, as per instructions contained in the aforesaid Ministry Circular No. A.17020/31/2024-MH-I dated 31.10.2025.


(Vinay Kumar)

Deputy Director (Admn.)

Enclosure: Ministry Circular No. A.17020/31/2024-MH-I dated 31.10.2025 along with enclosures thereof.

To:

1. All HoDs, LHMC, SSKH & KSCH – with the request for wide publicity among colleagues.
2. Officer In-charge, Official Website, LHMC – with request to upload the circular on the institutional website.
3. PA to Director, LHMC & Associated Hospitals.
4. All Notice Boards.

A.17020/31/2024-MH-I
Directorate General Health Services
Ministry of Health and Family Welfare
Government of India

Nirman Bhavan, New Delhi
Date: 31 October, 2025

CIRCULAR

Subject: Appointment of Head of Department (HoD) in three Central Government Hospitals and associated Medical Colleges - reg.

Application for appointment to the post of Head of departments (HoDs) for the departments (Enclosure-I) in three Central Government Hospitals and associated Medical Colleges is invited in the enclosed format (Enclosure-II).

In accordance with office Memorandum vide no. A 45017/01/2018-CHS-V dated 13.09.2024 issued by CHS Division, MoHFW. Eligible CHS officers posted at any of the central institutions may submit the filled application forms duly verified by the Head of Institution.

The applications along with power-point presentation (Enclosure-III) may be submitted electronically through proper channel via official email to membersecy-mohfw@gov.in before 15.11.2025. Advance copy may be sent via email. **Any applications received after the last date will not be considered.** Attach only applicable documents mentioned in Annexure section in the application form. The eligibility will be as per the above mentioned OM and eligibility cut-off date is last date of submission of application form. All relevant document(s) have to be brought by the applicant at the time of interview.

This is issued with the approval of competent authority.

Digitally signed by
RAMJI LAL MEENA
Date: 31-10-2025
17:26:34
R L MEENA
Dy Director (MH)

Enclosures

- i. List of Departments
- ii. Application Form
- iii. Power point template
- iv. OM no. A 45017/01/2018-CHS-V dated 13.09.2024 issued by CHS Division, MoHFW

To,
(With the request for wide publicity including institutional notice boards and official website)

1. Director, LHMC & associated Hospitals
2. Director, ABVIMS & RML Hospital
3. Director, VMMC & Safdarjung Hospital

Copy To,
(With request for uploading on official website)

1. Officer In-charge, IT Division, MoHFW
2. Officer In-charge, IT Division, Dte.GHS

Enclosure-II

**Directorate General Health Services
Ministry of Health & Family Welfare
Government of India**

Application Form for the Post of Head of the Department

A. PERSONAL INFORMATION

Name in Full: Dr. _____
(In block letters)

Department Applied for: _____

CHS Cadre: GDMO/ Non-teaching Specialist / Teaching specialist

Date of Birth (dd/mm/yyyy): _____

Present Pay Level: _____

Date of attaining pay level 14 (attach the order copy): _____

Date of attaining pay level 13 (attach the order copy): _____

Date of Joining Central Health Services (dd/mm/yyyy): _____

Date of attaining 62 years of age (dd/mm/yyyy): _____

Date of Obtaining equated Teaching Designation (Professor): (applicable only for GDMO/ Non-teaching Specialists): _____

Total Years of teaching Experience (as certified by Head of the institution) on last date of receipt of application (applicable only for GDMO/ Non-teaching Specialists without equated teaching designation): _____ (attach supporting documents)

Present Designation: _____

Present Place Posting: _____

Mobile No. _____ E-mail: _____

Passport size color
photograph (self-
attested)

| Qualification | Year of passing | Remarks (if any) |
|---------------------------------|-----------------|------------------|
| MBBS | | |
| MD/MS/DNB | | |
| DM/MCH/Dr.NB | | |
| Any additional qualification(s) | | |

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B. PROFESSIONAL EXPERIENCE

(including senior residency)

| Sl. No | Name & Address Institution | Hospital/University affiliation | Date of | | Designation | Nature of duties |
|--------|----------------------------|---------------------------------|---------|----|-------------|------------------|
| | | | From | To | | |
| | | | | | | |
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| | | | | | | |

If held position as HoD anytime till date, mention the dates and total duration of the same.

APAR scores of Last 5 Years:

| YEAR | 2024-25 | 2023-24 | 2022-23 | 2021-22 | 2020-21 |
|------------------------------------|---------|---------|---------|---------|---------|
| SCORE (as per accepting authority) | | | | | |

C. ADMINISTRATIVE EXPERIENCE (If one has worked in any administrative capacity or was involved in any non-academic work in the hospital/ medical college)

D. SIGNIFICANT CONTRIBUTION(S) TO DEVELOPMENT OF THE INSTITUTION

E. Total NUMBER OF PUBLICATIONS (Only mention as per NMC Criteria):

| Number | Type (National/International) | h-Index |
|--------|----------------------------------|---------|
| | | |

Details of top five publications (Vancouver format):

F. PREFERENCE- If there is vacancy for the same specialty in more than one medical college/ hospital, mention your preference in order (only one application form is to be submitted)

- 1.
- 2.
- 3.

G. Declaration by the Candidate:

I, Dr _____ S/o or D/odo hereby solemnly declare that the information provided above is accurate and I understand that any false submission will render my candidature for the above post null and void and disciplinary action as per rules may be taken by the competent authority.

I Dr..... do hereby solemnly declare that no major penalty was imposed against me.

I Dr..... do hereby solemnly declare that no vigilance case is pending against me.

I, Drdo hereby solemnly declare that neither I have nor I will indulge in any undue activity that may be in violation of *Rule 20 of CCS Conduct Rules, 1964 and may affect the selection process of HoD in anybody's favour, including me. I know that any such activity may lead to my disqualification.

Place:

Date:

Signature of the Candidate

(Name in Block letters)

H. Verification of contents and forwarding

1. It is certified that all the above contents are correct and the official is clear from vigilance angle as on date and nothing is pending or contemplated against him.
2. (any other relevant comment)

Signature of Director

***Rule 20 of Central Civil Services (Conduct) Rules 1964 says that**

"20. CANVASSING OF NON-OFFICIAL OR OTHER OUTSIDE INFLUENCE:

No Government servant shall bring or attempt to bring any political or other outside influence to bear upon any superior authority to further his interests in respect of matters pertaining to his service under Government."

Appropriate number of copies of the report should be made.

Appropriate number of copies should be made for the... (applicable for non-reporting & OIG)

Appropriate number of copies should be made for the... (applicable for non-reporting & OIG) without... (applicable for OIG and PC reporting activities)

Appropriate number of copies should be made for administrative purposes.

Appropriate number of copies should be made for the... (applicable for OIG and PC reporting activities)

Enclosure-1

List of Departments

| S.No. | Department* | Institution/Hospital | | |
|-------|------------------------------|----------------------|------------|-----------------------|
| | | | VMMC & SJH | LHMC & ASS. HOSPITALS |
| 1. | Anaesthesia | | VMMC & SJH | LHMC & ASS. HOSPITALS |
| 2. | Anatomy | ABVIMS & RMLH | VMMC & SJH | |
| 3. | Biochemistry | | | LHMC & ASS. HOSPITALS |
| 4. | Cancer Surgery | | VMMC & SJH | |
| 5. | Chest & Respiratory Medicine | ABVIMS & RMLH | VMMC & SJH | |
| 6. | Critical Care Medicine | | VMMC & SJH | |
| 7. | CTVS | ABVIMS & RMLH | VMMC & SJH | |
| 8. | Dental Surgery | ABVIMS & RMLH | | LHMC & ASS. HOSPITALS |
| 9. | Emergency Medicine | ABVIMS & RMLH | VMMC & SJH | LHMC & ASS. HOSPITALS |
| 10. | Endocrinology | ABVIMS & RMLH | VMMC & SJH | |
| 11. | ENT | | VMMC & SJH | |
| 12. | Forensic Medicine | | | LHMC & ASS. HOSPITALS |
| 13. | Gastroenterology | ABVIMS & RMLH | | |
| 14. | Hematology | | VMMC & SJH | |
| 15. | Medicine | ABVIMS & RMLH | VMMC & SJH | LHMC & ASS. HOSPITALS |
| 16. | Nephrology | ABVIMS & RMLH | VMMC & SJH | |
| 17. | Neurology | | | LHMC & ASS. HOSPITALS |
| 18. | Neurosurgery | ABVIMS & RMLH | VMMC & SJH | |
| 19. | Obstetrics & Gynaecology | ABVIMS & RMLH | VMMC & SJH | LHMC & ASS. HOSPITALS |
| 20. | Ophthalmology | | VMMC & SJH | LHMC & ASS. HOSPITALS |
| 21. | Orthopedics | | | LHMC & ASS. HOSPITALS |
| 22. | Pathology | | VMMC & SJH | LHMC & ASS. HOSPITALS |
| 23. | Pediatric Anesthesia | | | LHMC & ASS. HOSPITALS |
| 24. | Pediatrics | | VMMC & SJH | LHMC & ASS. HOSPITALS |

| | | | | |
|-----|-------------------------|---------------|------------|-----------------------|
| 25. | Pediatric Surgery | | VMMC & SJH | LHMC & ASS. HOSPITALS |
| 26. | Pharmacology | ABVIMS & RMLH | | |
| 27. | Physiology | ABVIMS & RMLH | | |
| 28. | Plastic Surgery | ABVIMS & RMLH | | LHMC & ASS. HOSPITALS |
| 29. | PMR | | VMMC & SJH | LHMC & ASS. HOSPITALS |
| 30. | Community Medicine/ PSM | | | LHMC & ASS. HOSPITALS |
| 31. | Psychiatry | | VMMC & SJH | |
| 32. | Radio-Diagnosis | | | LHMC & ASS. HOSPITALS |
| 33. | Dermatology/ Skin & VD | | VMMC & SJH | LHMC & ASS. HOSPITALS |
| 34. | Surgery | | VMMC & SJH | LHMC & ASS. HOSPITALS |
| 35. | Transfusion Medicine | ABVIMS & RMLH | | |

*The current phase of interview is for the departments with HoDs who have completed 6 years/ officiating HoD/ HoD position arising in next 6 months.