

**The National Institute of Health and Family Welfare
(Admn.I Section)**

Date: 24-02-2023

Subject: Engagement of a Consultant for preparing a cadre for the NIHFw on assignment basis.

Applications are invited for engagement of Consultant in the NIHFw for preparing a cadre review report for the NIHFw on assignment basis. Detailed terms and conditions of engagement of consultant are annexed. The eligibility criteria and other details are as follow:

1	No. of consultant to be engaged	One (1)
2	Age limit	Maximum of 65 years as on date of advertisement
3	Place of assignment	The National Institute of Health and Family Welfare, Baba Gangnath Marg, Munirka, New Delhi-110067
4	Tenure	Three (3) months
5	Eligibility and remuneration	<p>A senior retired officer/Executive at the level of Dy. Secretary / equivalent and above from Central Government / State Government / Autonomous Bodies / CPSU. A consultant who should have experience in personnel matter to undertake the responsibilities of Cadre Review on assignment basis to be completed within a period of 3 months.</p> <p>The consultant shall get remuneration equal to last basic pay drawn minus pension for each month. Hence, the consultant so engaged will be paid 3 months remuneration calculated based on the instructions of Department of Expenditure, Ministry of Finance vide OM No. 3-25/2020-E.III A dated 09-12-2020.</p> <p>The budget provision for payment of Remuneration to the Consultant shall be restricted to Rs.3,00,000.00 (Rs. Three Lakhs only) for three months.</p>

6.	Schedule of payment	<p>20% payment will be released after the presentation of the first draft report of the cadre review Report.</p> <p>40% payment will be released on receipt of interim report within a period of one & half month after the award of assignment.</p> <p>40% payment will be released on submission of final report to the Institute.</p>
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2. Interested persons who are in a position to take-up the above assignment immediately may submit their particulars in the enclosed format along with a copy of PPO, addressed to the Deputy Director (Admn.), The National Institute of Health and Family Welfare, Baba Gang Nath Marg, Munirka, New Delhi - 110 067 latest by 07-03-2023. The terms and conditions and proforma for application for appointment of consultant in the NIHFW may be download from the website www.nihfw.org.

Director (Additional Charge)

Terms and Conditions for engagement of Consultant in the National Institute of Health and Family Welfare (NIHFW), New Delhi.

1. The Consultant shall perform the services as assigned by the Director (Addition Charge), NIHFW relating to work of cadre review of various cadres in the Institute.
2. NIHFW will provide all related papers and other relevant documents to the Consultant to undertake the assignment.
3. The NIHFW will provide the secretarial assistance and stationery.
4. The NIHFW will be provide the copy of cadre review done by the Institute in the past for the reference of the Consultant.
5. The Consultant will make the presentation once the report is submitted before the Director of the Institute if he/she is required to do so.
6. The Consultant will ensure confidentiality and proprietary information and shall not disclose to the 3rd party or misuse the confidential information without the prior approval of the Institute.
7. Upon completion of the assignment the Consultant shall deliver all material held by him/her for the purpose of undertaking the assignment of cadre review of the Institute.
8. The NIHFW shall have reserved the rights to terminate the service of Consultant without giving any notice.
9. Any legal disputes, if arises, will be subject to the the jurisdiction to the High Court of Delhi.

**APPLICATION FORMAT FOR APPOINTMENT OF CONSULTANT IN THE
NATIONAL INSITITUTE OF HEALTH AND FAMILY WELFARE, NEW DELHI-
110067**

1. Post applied for: Affix recent
2. Name: Passport size
photograph
3. Father/ Husband's Name:
4. Date of Retirement:
5. Department retired from:
6. Last pay drawn (Basic):
7. Pay Matrix Level
8. Telephone No.
9. Mobile No.
10. Present Address:
11. Permanent Address:
12. Educational Qualification:
13. Experience:

I certify that the information provided in this application is true and correct as on the date submission of this application. I understand that withholding of information or giving false information will result to termination of employment/civil penalty.

Place: Signature:.....

Date: Name:.....