



**THE NATIONAL INSTITUTE OF HEALTH AND FAMILY WELFARE**  
**Baba Gang Nath Marg, Munirka, New Delhi – 110 067**

No.A.12036/4/2023-Admn.II

Date: 26/6/2023

**VACANCY NOTICE**

The National Institute of Health and Family Welfare (NIHFW) is an Autonomous / Apex Technical Institute funded by the Ministry of Health and Family Welfare for promoting Health and Family Welfare Programmes in the country through Education & Training, Research & Evaluation, specialized services, consultancy and advisory service. The Institute is proposing to fill one post of Consultant Radiologist (Part-time). The duration of the appointment will be initially for a period of six months. The contract may be curtailed or extended based on requirement and performance during the period.

Name & No. of Post	:	<b>Consultant Radiologist (Part-time) (1 Post)</b>
Salary	:	Rs.3000/- to Rs.5000/- per day (for the days of working)
Qualification	:	M.D (Radiology) / DMRD
Age Limit	:	Not exceeding 62 years.
Duration	:	Appointment will be initially for a period of six months.
Place of Duty	:	NIHFW, New Delhi.
Timings	:	Normally the services of the Radiologist will be required on all weekdays between 1.30 p.m. and 5.30 p.m.

**The application should reach The NIHFW latest by 26/7/2023 upto 5.00 p.m.**

### **General Instructions:**

- Interested candidates may send their application in the prescribed format latest by **26/7/2023 upto 5.00 p.m.** to the Deputy Director (Admn.), The National Institute of Health & Family Welfare, Baba Gangnath Marg, Munirka, New Delhi-110067.
- Applications must be submitted in the attached format only.
- Applications must be duly supported by self attested documents related to age, educational qualifications and experience etc.
- The candidates are required to submit their application with a subject “Application for the post of **“Consultant Radiologist (Part-time)”**”.
- Applications received in the format other than as attached and without supported documents will not be considered and shall be rejected summarily.
- The candidature of finally selected candidate’s will be provisional and subject to verification of original documents.
- The NIHFW reserves the right to either fill up the post, or not, without assigning any reason.
- The application and self-attested copies of certificates so submitted at the time of verification will not be returned to candidates.
- Candidates must ensure that he/she fulfils the requisite essential qualifications, experience and age etc. on the date of submission of filled application form.
- Without original certificates, the candidates will not be considered for appointment. In all cases the decision of this Institute shall be treated as final.
- Canvassing of any form will render candidate as disqualified.

**DIRECTOR**



**The National Institute of Health & Family Welfare**  
**Baba Gang Nath Marg, Munirka, New Delhi-110067**

**Recent  
Passport  
size  
Colour  
photo**

1. Name of the post applied for : \_\_\_\_\_
2. Name of the candidate in full : \_\_\_\_\_(Hindi)  
: \_\_\_\_\_(English)
3. Father's Name : \_\_\_\_\_
4. (a) Address for correspondence : \_\_\_\_\_  
(b) Mobile phone No. : \_\_\_\_\_  
(c) Email address : \_\_\_\_\_
5. Permanent Address : \_\_\_\_\_
6. Date of birth and present age : \_\_\_\_\_  
(as on date of interview)
7. Educational Qualifications :

Sr. No.	Qualification	Board / University	Year of passing	Max. Marks	Marks obtained	Percentage (%)

8. Details of employment:

Post held	Name of Deptt. / Organization	Salary drawing / drawn	From	To	Nature of duties performed

9. In case of Pensioner:

Name of the Organization with full address	Post held	Scale of Pay / PB with Grade Pay	Amount of Basic Pension	Remarks

10. Any other relevant information: \_\_\_\_\_

11. Please link the self-attested copies of certificates in support of your educational qualification, experience, Date of Birth, Caste etc.

12. List of enclosures

(i) \_\_\_\_\_ (ii) \_\_\_\_\_ (iii) \_\_\_\_\_

(iv) \_\_\_\_\_ (v) \_\_\_\_\_ (vi) \_\_\_\_\_

13. I undertake that the information submitted by me is correct to the best of my knowledge and in case of any suppression of information or incorrect information, my services be terminated with immediate effect.

Signature of the applicant

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

Name: \_\_\_\_\_