

No..... 1600...../MS/GI/2015

कानूनी निदेश
E

**Most Immediate
By Speed Post**

No.V.18015/10/2004-PH

Government of India

770-2010 Ministry of Health & Family Welfare

(अजय कें० श्रीवास्तव !
विशेष कार्याधिकारी
मुख्य सचिव
र० प्र० शासन

Nirman Bhavan, New Delhi,

Dated the 29 Sept., 2015.

To

The Chief Secretaries of all States/UTs

Subject: Appointment of Registrar, NIMHANS, Bangalore.

Sir,

National Institute of Mental Health and Neuro Sciences (NIMHANS) is a premier research and training center in the area of mental health and neuro sciences. The Institute was established in 1974 as an autonomous institution under Ministry of Health and Family Welfare, Government of India, funded by Central Government and State Government Karnataka. The NIMHANS was declared as an Institute of National Importance after the enactment of NIMHANS, Bangalore, Act, 2012.

2. Director, NIMHANS is the Chief Executive Officer (CEO) of the Institute and is assisted by the Registrar in administrative and other matters. The appointment to the post of Registrar (Pay Scale 15600 – 39100 + Grade Pay of Rs. 7600) shall be made on deputation basis for a period of three years from the panel obtained from State/Central Government officers of the rank of Deputy Secretary / Deputy Commissioner in the Central/State Services. The Registrar is proposed to be appointed as per extant deputation procedures followed by the Govt. of India.

3. In this connection I am directed to request you to circulate the vacancy amongst various Departments of your State Govt./UTs seeking applications from the interested Officers of the rank equivalent to that of the Deputy Secretary/Deputy Commissioner who are willing to work as Registrar,

15/9
10/10/15

SO-1
VI/80 -10-2004.pdf

NIMHANS. The applications, along with the Confidential Reports for the last three years are to be forwarded to the Director, NIMHANS, Bangalore through proper channel for consideration by the Selection Committee, by 12.10.2015.

4. A copy each of the vacancy notice and application format is enclosed herewith.

Yours faithfully,



(S.K. Gupta)

Under Secretary to the Government of India

Tel : 23061342

Copy for information and necessary action to Director, NIMHANS, Bangalore—
560 029.

Government of India
Ministry of Health & Family Welfare

Applications are invited from the Officers of the rank of Deputy Secretary/ Deputy Commissioner in the Central/ State Services for filling up the post of Registrar, National Institute of Mental Health and Neuro Sciences, Bangalore on deputation basis for a period of 3 years.

The Registrar shall assist the Director of the Institute in day to day administrative and other matters of the Institute.

Interested Candidates are requested to forward their applications in the prescribed proforma to the Director, National Institute of Mental Health and Neuro Sciences, Hosur Road, Bangalore, 560029 on or before _____ October, 2015 through proper channel.

Application form for the post of Registrar, National Institute of Mental Health & Neuro Sciences, Bangalore.

1.	Name and Address in Block Letters						
2.	Date of Birth						
3.	Date of retirement under Central/ State Govt. Rules						
4.	Details of employment in chronological order. Enclose a separate sheet, duly authenticated your signature, if the space below is insufficient						
	Office/ Instt./ Orgn.	Post Held	From	To	Scale of Pay and Basic Pay	Nature of Duties	
5.	Nature of <i>present employment</i> i.e. ad hoc or temporary or quasi permanent or permanent						
6.	In case the <i>present employment</i> is held on deputation or contract basis, please state :- a) The date of initial employment b) Period of appointment on deputation/ contract c) Name of the parent office/ organization to which you belong						
7.	Additional details about <i>present employment</i> Please state whether working under a) Central Govt. b) State Govt. c) Autonomous Organizations d) Government Undertakings e) Universities						
8.	Are you in Revised Scale of Pay? If						

	yes, give the date from which the revision took place and also indicate the pre-revised scale.	
9	Total emoluments per month now drawn	
10	Additional information, if any, which you would like to mention in support of your suitability of the post. Enclose a separate sheet, if the space is insufficient	
11	Whether belongs to SC/ ST	
	Remarks	

Date

Signature of the candidate

Address

.....

.....

Countersigned

(Employer)