CONFIDENTIAL

ALL INDIA INSTITUTE OF MEDICAL SCIENCES
ANSARI NAGAR, NEW DELHI - 110 029

D.O. No.F.1-39/2016-Estt.I

Dated the: 1st Oct. 2016

From

V. SRINIVAS, IAS
DEPUTY DIRECTOR (ADMN.)

To

1) The Vice-Chancellors of Indian Universities
2) Directors of Centres/Institutions of Medical Education and Medical Research

Subject: Recruitment to the post of Director at the AIIMS, New Delhi.

Sir,

It has been decided that steps should be taken now for the selection of a candidate for filling the post of Director on a regular basis. It has also been decided that besides advertisement of the post of Director, AIIMS, New Delhi, the nominations may also be obtained from the National and International Institutions of Medical Educations. I am accordingly to request that you may kindly suggest name/names of candidate(s) whom you consider suitable for the post of Director, AIIMS, New Delhi in the enclosed proforma (Enclosure-III). A statement showing the prescribed qualifications, the scale of pay & terms of the service with regard to this post (Enclosure-I)

I should be grateful if you could kindly suggest name(s) of suitable person(s) who may or may not be working under you but who in your opinion is/are suitable for this post after obtaining his/her consent in the proforma enclosed (Enclosure-II). The information may kindly be provided in the enclosed proforma (Enclosure-III), This is not meant to serve as an application form to be filled in by the candidate whom you nominate but is intended to provide the Selection Committee with information about the candidate to assist the Selection Committee in making a proper choice. The proforma gives an idea of the qualities and particulars of the candidates, which will be considered by the Selection Committee. Any information, which you can provide along the lines of the proforma will be immense help to the Committee. It will be appreciated if your reply and nomination is sent to me confidentially as early as possible but not later than 15th November, 2016 (up-to 5.00 P.M.)

The advertisement may also be seen on the websites: www.aiims.edu , www.aiimsexams.org & www.mohfw.nic.in

Yours sincerely,

(V. SRINIVAS)

Encls:- As above

ENCLOSURE-I

STATEMENT SHOWING THE QUALIFICATIONS, SCALE OF PAY ETC. PRESCRIBED FOR THE POST OF DIRECTOR, AIIMS, NEW DELHI

1. **ELIGIBILITY CRITERIA:**

Citizens of India including Non-Resident Indians & Persons of Indian Origin.

2. **QUALIFICATION**

ESSENTIAL QUALIFICATION/EXPERIENCE

a) A postgraduate qualification in Medicine or Surgery or Public Health and their branches.

b) Teaching and/research experience of not less than ten years.

c) Twenty-five years standing in the profession.

d) Extensive practical & Administrative experience in the field of medical relief, medical research, medical education or public health organization and adequate experience of running an important scientific educational institution either as its Head or Head of the Department.

3. **UPPER AGE LIMIT**

Up to 62 years as on 15th November, 2016.

4. **PAY & ALLOWANCES**

a) Rs. 80,000/- (fixed) plus NPA of 25% of basic pay but Pay + NPA does not exceed Rs. 85,000/- (Pre-revised).

d) Residential accommodation will be provided in the Institute's campus on payment of standard rent under F.R. 45 or 10% of pay, whichever is less.

e) Other Allowances as admissible

5. **TENURE OF POST:**

As per the provision of the AIIMS & PGIMER (Amendment) Act, 2007, **the Director shall hold office for a term of 5 years from the date on which he/she enters upon his/her office or until he/she attains the age of sixty-five (65) years, whichever is earlier.**

6. **PROBATION:** Probation period will be one year.

NOTE:-

The effective date for determining the eligibility as per the prescribed qualification, age, experience etc. for the post shall be the last date of receipt of nominations, viz. 15.11.2016.

ENCLOSURE-II

DECLARATION

I hereby give my consent to accept the post of Director, All India Institute of Medical Sciences, New Delhi, if selected.

Signature

Place:

Name & Designation

Date:

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ENCLOSURE-III

PROFORMA

(Name and particular of candidate for the post of Director, All India Institute of Medical Sciences, New Delhi)

1. Name (in **BLOCK CAPITAL**) :
2. Father's Name :
3. Date of birth and age (As on 15.11.2016) :
4. Present Address :
5. E-mail & mobile phone no. :
6. Whether citizen of India or Non-Resident Indian or Persons of Indian Origin (Please specify) :
7. Academic Qualification:

Graduation	Year of Passing	No. of attempts	College/University from which graduated
Post-graduation			**College/University from which post-graduation degree received.**
Doctorate (if any)			**College/University**

8. Field(s) of specialization :

(P.T.O)

9. Experience:

	Designation & the Institute where worked	From	To
(i) Before post-graduation (d) Teaching (e) Research (f) Administration (ii) After-Post-graduation (d) Teaching (e) Research (f) Administration			

10. A complete list of publications (Please attach a list) :

11. Books, if any written (List) :

12. Extra-curricular activities such as Medico-social work, journalistic Or other activities related to fine Arts, sports etc. :

13. Awards, distinctions, prizes etc. :

a) At under-graduate level :

d) At post-graduate level :

e) Any other :

14. Fellowships/Membership of National and International Scientific Societies, Academics etc. :

15. Present post and designation (from when held) :

16. Scale of Pay :

17. Salary :

I hereby declare that the information given by me in this application is true and correct to the best of my knowledge and belief.

(Signature of the Applicant)

Place:

Date: