## Government of India Ministry of AYUSH

## Filling up the post of Director, North Eastern Institute of Ayurveda & Homoeopathy (NEIAH), Shillong -reg.

Applications are invited, in duplicate, from eligible candidates for filling up the post of Director, North Eastern Institute of Ayurveda & Homoeopthy(NEIAH), Shillong, an autonomous body under the Ministry of AYUSH, Government of India. The eligibility criteria and other details are given below. Details are also available on the website of this Ministry (<a href="www.ayush.gov.in">www.ayush.gov.in</a>) and North Eastern Institute of Ayurveda & Homoeopathy(NEIAH) (<a href="www.ayush.gov.in">www.ayush.gov.in</a>)

1	Name of the post	Director					
2	Number of post	One					
3	Mode of appointment	Deputation/Short Term Contract					
4	Scale of pay/ Grade Pay	Level 14 of the pay matrix (Rs. 1,44,200-218200) plus NPA(Pre-revised - PB-4 with GP of Rs. 10,000/- plus NPA)					
5	Maximum Age limit	Not exceeding 58 years as on the closing date for receipt of application					
6	Eligibility Criteria	Officers of the Central/ State Government/ Autonomous bodies/ Research Institutions/ Public Sector Undertakings Semi Government statutory or Autonomous organization funded by the Government with the qualifications and experience as stated below.					
		Essential Qualification					
		Post Graduate Degree in Ayurveda recognized under the Provision of the Indian Medicine Central Council Act 1970  OR					
		<ol> <li>Post Graduate Degree in Homoeopathy recognized under the Provision of the Homoeopathy Central Council Act 1973.</li> </ol>					
		<ol> <li>Enrolment in the Central/ State Register of Indian Medicine/ Central/ State Register of Homoeopathy as the case may be.</li> </ol>					
		20 years' service in a Group A level post having a minimum of three years PG teaching:-					
		(i) In a post with 3 years regular service at Level 13 of the Pay Matrix (Pre-revised - PB-4 with GP of Rs. 8700) as Professor or equivalent/ corresponding pay scales as applicable to the post.					

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		(ii) 8 years' regular service in a post at Level 12 of the Pay Matrix (Pre-revised - PB-3 with GP of Rs. 7600) as Professor/ Reader/ Associate Professor or equivalent or corresponding pay scales as applicable to the post.  Desirable:					
		Administrative experience in the field of Ayurveda or Homoeopathy in Central/ State Government/ Autonomous bodies.     Ph.D in Ayurveda/ Homoeopathy or in allied Sciences.     Publication of original articles in a second second.					
	×	3. Publication of original articles in peer reviewed journals/books on Ayurveda or Homoeopathy as the case may be.  4. Post Graduate Diploma or Degree in Health Care Management/ Hospital Administration.					
7	Tenure of appointment	The tenure will be of 5 years or upto the date of retirement in the parent organization or as decided by the Government, whichever is the earliest.					
8	Duties and Responsibilities	To act as in charge of overall administration for proper management and affairs of the North Eastern Institute of Ayurveda & Homoeopathy(NEIAH), Shillong     To function as the Member Secretary of the Communication.					
9	Place of duty						
10	Last Date for receipt of applications	Shillong, Meghalaya  The application in the prescribed proforma complete in all respect should reach through proper channel to Shri A. J. J. Kennedy, Under Secretary (Ayurveda), Ministry of AYUSH, Government of India, AYUSH Bhawan, B-Block, GPO Complex, INA, New Delhi-110023 within 60 days from the date of publication of the advertisement for this post in the Employment News/Rozdar Samashar.					
11	General Instructions	Employment News/Rozgar Samachar.  Applications not received through proper channel as well as those received after closing date of receipt of Application shall not be entertained and summarily rejected.					

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## Application for the post of Director, North Eastern Institute of Ayurveda & Homoeopathy(NEIAH), Shillong

1	Nai		Block				3		Affix self
2	Address /Tel No./Mobile No./ E- mail ID				1				attested recent passport size
3	Date of Birth (in Christian era)								Photograph
4	Age as on the closing date for receipt of application								
5	Age of superannuation in the parent organisation					7			
6	Educational and other Qualifications								
	S. No			Board/ Institution	Yea	ar of Pa	ssing	Percentage/ Position/ Division	
7	Pub	lished rese	earch w	rork	rk				
_	S.No.			Topic	Name of Publication				
8.	Deta	ails of Emp		nt, in chronolo	ogical	order.			
Nan	ne of C	Office	Post	Nature of employment Ad-hoc or temporary of quasi-permanent permanent deputation	or ·	From	То	Scale of Pay	Nature of duties performed
9	Plea	se state cl	early w	hether in the	light	of the e	ntries	made by	
10	Add whice in s	you above, you meet the requirements of the post.  Additional information, if any, which you would like to mention in support of your suitability for the post.							
11	List	of docum	nents a	attached (Al	cached (All documents should be duly self attested.				
	S Name of the do			locuments				Page No	

I hereby declare that all statements made in this application are true, complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found suppressed/false or incorrect or ineligibility being detected before or after the selection, my candidature/appointment is liable to be cancelled.

	Signature of the candidate							
Place ·	e :							
Date:								
CERT	RTIFICATE/DOCUMENTSTO BE GIVEN BY HEAD OF OFFICE OF APPLICANT	OF THE						
1. 2.	and that the particulars infinished by the efficient	4.0						
3.	It is certified that no major/minor penalty has been imposed on him/her during the last 10 years.							
4.	The record of service of the official has been carefully sor and it is certified that there is no doubt about his/her integrity.	utinized						
5.	This office has no objection and the applicant will be immrelieved consequent upon his/her selection for the post of I North Eastern Institute of Ayurveda & Homoeopathy(I Shillong.	ediately						
6.	The photocopies of APARs/ACRs for the last 5 years duly on each page are enclosed.	attested						
Date: Signa Place	te: gnature:							
	Name:  Designation:  Name of organization							

OFFICIAL SEAL