



पूर्वोत्तर इंदिरा गांधी क्षेत्रीय स्वास्थ्य एवं आयुर्विज्ञान संस्थान, शिलांग
NORTH EASTERN INDIRA GANDHI REGIONAL INSTITUTE OF HEALTH & MEDICAL SCIENCES, SHILLONG
(भारत सरकार, स्वास्थ्य एवं परिवार कल्याण मंत्रालय, स्वायत्त संस्थान)
(An Autonomous Institute, Ministry of Health and Family Welfare, Government of India)
निदेशक ब्लॉक, मावडीयांगडीयांग, शिलांग - 793018 मेघालय
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No. NEIGR.EI/19/C/2019/100

Dated Shillong, the 3rd August, 2021.

Notice

Applications are invited Online for appointment of 3 (three) Consultants in the Accounts Section on Contract Basis at NEIGRIHMS, Shillong.

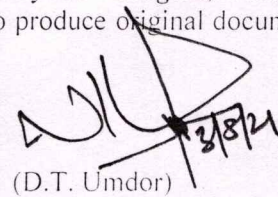
Age limit: Not exceeding 62 years.

Eligibility: Retired Officers of Organized Accounts Services in the grade of Asst. Accounts Officer/Accounts Officer/Jr. Accounts Officer or equivalent from Central/State Government Departments/Offices.

Remuneration: The remuneration of the retired persons engaged as Consultants shall be regulated in terms of Government of India, Ministry of Finance, Department of Expenditure OM F. No. 3-25/2020-E.IIIA dated 09.12.2020. A fixed amount of remuneration so fixed shall remain unchanged for the term of the contract. There will be no annual increment/percentage increase during the contract period.

It may be noted that the appointment will be purely on temporary basis and subject to termination at any time without assigning any reason.

Eligible and interested candidates who fulfill the criteria (as on the last date of receipt of application) are requested to send their applications in the enclosed format alongwith connected supporting documents in respect of educational qualifications etc to email neigr.estti@gmail.com latest by 31st August, 2021. Only shortlisted candidates will be called to appear in the interview and they will have to produce original documents at the time of Interview


(D.T. Umdor)

Deputy Director(Admn.)

To

Romanus Lyngdoh, UDC to upload in the Institute's website

Proforma for applying as Consultant at NEIGRIHMS, Shillong.

Sl No.	Particulars	
1.	Name of the Applicant:	
2.	Date of Birth	
3.	Qualification:- (a) Educational (b) Professional	
4.	Date of Entry in the Government Service	
5.	Name of the Office from which retired	
6.	Length of service in various grade	
7.	Date of retirement	
8.	Post held at the time of retirement	
9.	In case of voluntary retirement, ground on which retired	
10.	Experience	
11.	Additional information, if any, on professional experience training, work relevant to the post	

I hereby declare that the particulars furnished above are true and correct to the best of my knowledge and belief.

(Signature of applicant)