



No.A.12032/1/2023-ZMC(ESTAB)/pt Dated Falkawn, the 7th November, 2024

## Vacancy Circular

Applications are hereby invited for appointment to the post of Director, Zoram Medical College to be filled by a method of deputation from amongst the eligible candidates. The number of post and eligibility conditions for appointment on deputation basis as per Zoram Medical College Regulations, 2024 are mentioned in the following table:

Sl.No.	Name of Post and level of Pay	No of Post	Eligibility Condition
1	Director, Zoram Medical College at level-14 of the pay matrix	1	Deputation from amongst the officers of Selection Grade and above of Mizoram Health Service, having Post Graduate degree in clinical/non- clinical/health administration/public health recognised by the MCI/NMC with a minimum of 25 years' experience in Group 'A' Gazetted Post.

- 1. Director of the College shall be appointed with the approval of the President, Governing Council from a panel of names recommended by the Search-cum-Selection Committee, Zoram Medical College.
- The term of office shall not exceed 4 years or till he attains the age of 62 years, whichever is earlier and extendable up to 1(one) year in special cases. Further, he shall not be eligible for re-appointment as Director after the expiry of his tenure.
- 3. Pay, leave salary, pension and other allowances of the Director, Zoram Medical College shall be as per "the Guidelines for appointment on deputation (including short term contract/deputation on foreign service and absorption" issued vide OM No.A.12011/2/2019-P&AR(GSW) dt.09.01.2020 or as prescribed by the Government from time to time.
- 4. Incomplete application form will be summarily rejected.

ZORAM MEDICAL COLLEGE (An Autonomous Institute under the Government of Mizoram) FALKAWN - 796005

- 5. Withdrawal of Application form once submitted will not be allowed subsequently.
- 6. Application form duly filled up can be collected from and submitted to Establishment Section, Zoram Medical College as per prescribed proforma (Annexure) on or before 06.12.2024 or visit https://zmc.edu.in

## Sd/-SANGCHHIN CHINZAH

Secretary, Health & Family Welfare Department &

Chairman, Executive Committee

Zoram Medical College

Memo No.A.12032/1/2023-ZMC(ESTAB)/pt Dated Falkawn, the 7<sup>th</sup> November, 2024 Copy to:

- 1. PS to Secretary, Health & Family Welfare Department
- 2. Under Secretary, DP&AR(GSW)
- 3. Principal Director, Health & Family Welfare Department
- 4. Director, DHME/DHS, Health & Family Welfare Department with a request for wide circulation amongst members of Mizoram Health Service.
- 5. Medical Superintendent, State Referral Hospital, Falkawn
- 6. Dean, Zoram Medical College
- 7. All Heads of Departments, Zoram Medical College
- 8. Website Manager, Zoram Medical College for uploading in the official website.
- 9. Notice Board
- 10.Guard file

Deputy Director(Admin) Zoram Medical College

## COMMON APPLICATION FORM FOR APPOINTMENT BY DEPUTATION UNDER ZORAM MEDICAL COLLEGE

1	NAME IN CAPITAL (in capital letters)	
2	Date of birth (enclose self attested copy of supporting document like HSLC, Birth Certificate, etc.)	
3	Address for correspondence including contact number	
4	Name of post applied	
5	Designation of present post held	
6	Name of Department	
7	Present scale of pay/level in pay matrix	
8	Date of joining the present grade/post on regular basis	
9	Educational qualification (enclose self-attested copy of certificates	
10	Please state whether or not the educational and other qualifications/experience prescribed for the post in the recruitment rules/vacancy circular are satisfied by the applicant	
	Qualifications/experience required	Qualification/experience possessed by the official

1							
	Nature of present employme or contract.	ent (i.e.reg	ular				
12	Please state whether the substantive employment is under any of the following employer: a) Central Government12b) State Government 						
13	Any additional information w would like to mention in supp suitability for the post (This may, among other thing i) Additional academi qualifications ii) Professional trainin iii) Work experience, et (Separate sheet may be enclo necessary)	port of you gs, include c ng tc.					
14	Whether penalty, if any, was imposed on the applicant during a period of 5 years preceding last date for submission of application? If any, enclose a copy of the order of imposition of penalty by the Disciplinary Authority						
15	Details of post(s) held in	chronologi	cal order	( enclose separate sheet, if necessary)			
Sl. No.	Name of post held	Dura From	tion To	Nature of duties			
140.		rrom	10				

The information furnished above is/are correct to the best of my knowledge and nothing has been suppressed. I understand that in case of my selection, if any information furnished above is found to be false or misrepresented at a later stage, my selection is liable to be cancelled with the approval of the Competent Authority.

## CERTIFICATE OF THE ADMINISTRATIVE DEPARTMENT/CADRE CONTROLLING AUTHORITY

Certified that the particulars furnished by the officer are correct as per the service records and the department has no objection for appointment of the officer by deputation.

Date :

Signature of an officer not below the rank of Under Secretary in the cadre controlling authority