

P-329500

NEW DELHI MUNICIPAL COUNCIL  
PALIKA KENDRA: NEW DELHI  
SECRETARY'S ESTT BRANCH

No. SO(E)/ 341 /SA-XIV

Dated 03/7/20

Vacancy Circular

Applications are invited from Ministerial cadre employees **retired** from the Central Govt./State Govt./Municipal Body from the post (or equivalent post) of Junior Assistant/Senior Assistant/Head Assistant/ASO/Section Officer for engaging 100 Consultant (Ministerial) temporarily in NDMC. The consolidated remuneration would be determined in terms of NDMC's Office Order No. 748/SO(E)/SA-I(R) dated 17.02.2017 and 23.02.2017. The applicant should not be of more than 64 years of age as on the closing date. The engagement would be initially for a period of 06 months.

2. Applications in the attached prescribed format may be submitted to Director (Personnel), NDMC, Palika Kendra, Sansad Marg, New Delhi, Room No. 5016, Palika Kendra or preferably through email at [director.personnel@ndmc.gov.in](mailto:director.personnel@ndmc.gov.in) by 18.07.2020. Application received after closing date i.e. 18.07.2020 will not be considered.

4-1  
3/7/20  
(Kamal Rai)  
Dy. Director (Estt.)

Copy to:-

1. All Council Members
2. All HODs
3. Jt. Director (IT) – with request to upload the Circular on website
4. All Notice Board
5. PS to Chairman, NDMC for information
6. PA to Secretary for information

S. Ashish

03.07.2020

NEW DELHI MUNICIPAL COUNCIL  
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APPLICATION FOR APPOINTMENT AS CONSULTANT IN NDMC

NAME OF THE POST APPLIED FOR: \_\_\_\_\_

1. Name of the officer  
(In capital letters) \_\_\_\_\_
2. Date of Birth \_\_\_\_\_
3. Educational Qualification \_\_\_\_\_
4. Category \_\_\_\_\_
5. Date of retirement, if retired  
from Government service \_\_\_\_\_
6. Age on the date of  
submitting the application \_\_\_\_\_
7. Department/Ministry/Office  
from which retired \_\_\_\_\_
8. Post last held \_\_\_\_\_
9. Pay scale of the post  
from which retired \_\_\_\_\_
10. Work experience \_\_\_\_\_
11. Details of IT/Computer  
Knowledge \_\_\_\_\_
12. Whether any penalty was  
imposed during the service \_\_\_\_\_
13. If yes, the details thereof \_\_\_\_\_
14. Resident Address \_\_\_\_\_
15. Telephone No. \_\_\_\_\_
16. E-mail (if any) \_\_\_\_\_

(Signature of the applicant)