

भारत सरकार

स्वास्थ्य एवं परिवार कल्याण मंत्रालय
केन्द्रीय सरकार स्वास्थ्य योजना

तृतीय तल, ई' विंग, केन्द्रीय सदन
17 वीं मेन, कोरामंगला, बेंगलूरु- 560 034
फ़ोन : 080-25539058 फ़ैक्स : 080 - 25500899



GOVERNMENT OF INDIA

MINISTRY OF HEALTH AND FAMILY WELFARE
CENTRAL GOVERNMENT HEALTH SCHEME

3rd Floor, 'E' Wing, Kendriya Sadan,
17th Main, Koramangala, Bengaluru - 560 034.
Phone : 080-25539058 Fax : 080-25500899
E-mail : cghsbng-ka@nic.in

संख्या : A-I(97)/CGHS/2024/ 1335

दिनांक : 10-06-2024

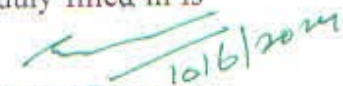
परिपत्र / CIRCULAR

Sub: Appointment of Accountant on contract basis in CGHS, Bengaluru.

Central Government Health Scheme (CGHS), Bengaluru invites applications for the post of **Accountant purely on contract basis** from retired employees of Central Government Departments below the age of 65 years for a period of 6 months or till appointment of regular staff in this Office, whichever is earlier.

1	Age	Not exceeding 64 years as on the date of submission of application
2	Remuneration	Last Pay Drawn minus Pension fixed, as per D.O.E OM No.F.No. 3-25/2020-E.IIIA dated 09.12.2020
3	Duration of appointment	For a period of six months, or till a regular incumbent join, whichever is earlier.
5	Number of vacancies	01 (One)
6	Place of posting	The selected candidates will be posted in Office of Additional Director, CGHS, 3 rd Floor, E Wing, Kendriya Sadan, Bangalore – 34.
7	Preference	Retired Central Govt Employees.

Interested candidates may apply in the application format given, along with attested copies of Age Proof, P.P.O. etc. to the Additional Director, CGHS, 3rd Floor, 'E' Wing, Kendriya Sadan, Koramangala, Bangalore-560034. The last date of receipt of the application duly filled in is **20.06.2024**


Additional Director
CGHS Bengaluru

Copy To :-

1. CMO Incharges, WC No:1,2,3,4,5,6,7,8,9,10, CGHS Mysore / Admin Office.
(To be put up on Notice Board for wide circulation).
2. Nodal Officer, MCTC, New Delhi with a request to publish it in the CGHS website.
3. President/Gen.Secretary, AICGHSEA, Bengaluru Branch for information.

APPLICATION FORMAT

PHOTOGRAPH

Application for the post of _____ (Name of the post)

1. Name (in full and in capital letters) :
2. Age & Date of Birth :
3. Sex :
4. Address for communication :

5. Telephone/Mobile number/E-mail :

6. Educational Qualifications :

7. Details of service rendered/experience :

8. Date of Retirement from Govt service :
(Attach copy of PPO)

9. Any other details :

Place:

Dated:

Signature of the Applicant