



GOVERNMENT OF INDIA,  
MINISTRY OF HEALTH AND FAMILY WELFARE  
PRINCIPAL ACCOUNTS OFFICE  
313-'D', NIRMAN BHAWAN,  
NEW DELHI -110011

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Pr.AO/Admn/1(40)/Consultant/2024-25/1849.

Dated  
03 FEB 2025

CIRCULAR

**Sub: Engagement of 03 retired officers (Sr. AOs) as Consultants for Internal Audit Wing.**

Application in the prescribed format (as per Annexure) are invited from suitable candidates i.e., those empanelled as a consultant (Retired Sr.AOs) of Central Civil Accounts Services) with o/o CGA for engagement as consultant in O/o CCA, M/o Health & Family Welfare, New Delhi on contract basis as per details given below:

1	Name of the Post	Consultant
2	Number of Posts	03
3	Period of Engagement	1 Year(extendable for one (01) more year)
4	Job Location	Delhi
5	Age limit	Maximum Age limit is 63 years as on 01.01.2025
6	Educational qualifications	Graduate in any discipline.
7	Experience Required	a. Experience in Internal Audit of Civil Ministries. b. Knowledge of Accounting Rules/Regulation/Procedures, Financial Reporting, Payment functions & PFMS. c. Knowledge of Procurement of Goods & Services, Execution of Works, Tenders and Contracts. d. Pay fixation and establishment related rules. e. Knowledge & ability of analyzing account of Autonomous Bodies.

8	Eligibility conditions	a. The retired CCAS Officer (Sr. AOs) must be empanelled with O/o CGA as consultant.
9	Remuneration/ Allowances	The remuneration of retired government servants shall be as per the DoE OM No.3-25/2020-E.III-A dated 09/12/2020. The Transport allowance shall be fixed as applicable on the date of Engagement and shall not be varied during the tenure of employment. A fixed monthly remuneration by deducting basic pension from the pay drawn at the time of retirement shall be paid. Other terms and conditions shall be as per the above-mentioned OM. No HRA shall be paid.
10	Leave	Paid leave of absence may be allowed at the rate of 1.5 days for each completed month of service. Accumulation of leave beyond a calendar year may not be allowed.
11	Roles and Responsibilities	<ul style="list-style-type: none"> <li>a. Internal Audit of units of M/o Health &amp; Family Welfare and M/o AYUSH, D/o Health Research across India.</li> <li>b. Assist in Settlement of outstanding audit paras, preparation of Annual Audit plan and Annual Audit review.</li> <li>c. Knowledge of Accounting Rules/Regulation/Procedures, Financial Reporting, Payment functions &amp; PFMS.</li> <li>d. Pay fixation and establishment related work.</li> <li>e. Work &amp; analyzing ability regarding account of Autonomous Bodies.</li> <li>f. Any other task assigned by the competent authority.</li> </ul>
12	Terms of Contract	The term of appointment shall be for a period of one year (extendable for one (01) more year).
13.	Method of Selection	After examination of Applications and CVs, the shortlisted candidates shall be called for interview. The selection committee shall make the final decision on the basis of performance of candidates interview.
14	Terms and conditions	<ul style="list-style-type: none"> <li>a. Only retired government servants (Sr. AOs) with qualifications as detailed above shall be considered eligible.</li> <li>b. Consultant shall not be entitled to any other allowance like HRA, CCA, accommodation, telephone etc.</li> <li>c. For official tours, the consultants shall be entitled to TA/DA as per their entitlement at the time of retirement.</li> <li>d. Incumbent shall have no right to get</li> </ul>

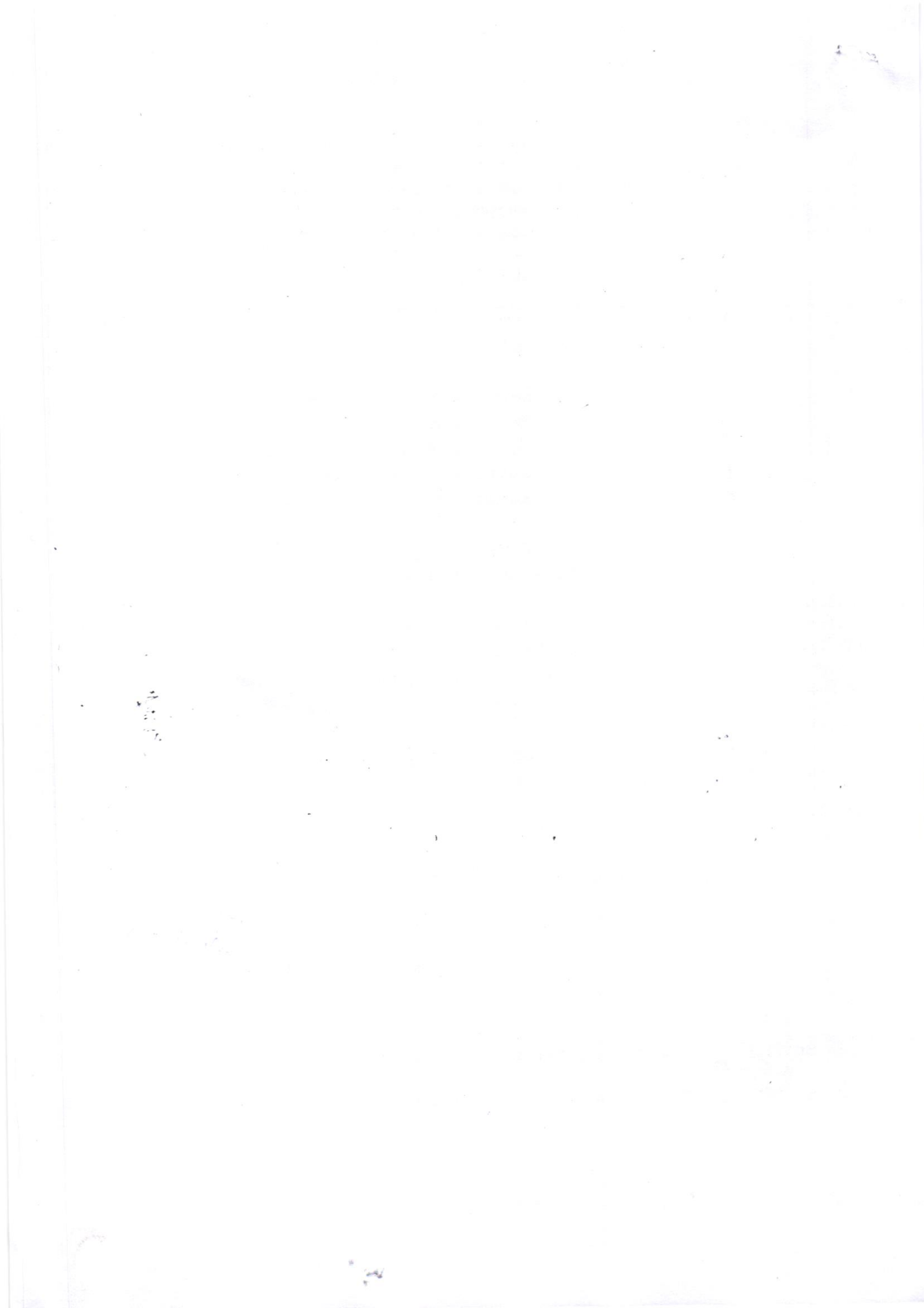
		<p>absorbed/regularized.</p> <p>e. The engaged persons shall not indulge or disclose to any person the information, which is confidential in nature. A non-disclosure agreement shall be signed by the consultant.</p> <p>f. Consultant can be terminated at any time by the competent authority without stating any reasons.</p> <p>g. Consultant shall give one-month advanced notice in case of discontinuation of his/her services to O/o CCA, MoHFW.</p>
15	How to Apply	<p>Application to be filled in the prescribed proforma is required to be sent to</p> <p style="text-align: center;"><b>Senior Accounts Officer Admin)</b> <b>Pr. Accounts Office,</b> <b>M/o Health &amp; Family Welfare</b> <b>Room No. 313-D Nirman</b> <b>Bhawan, New Delhi-110011.</b></p> <p><b>E-mail ID : <a href="mailto:praoadmin-mohfw@gov.in">praoadmin-mohfw@gov.in</a></b> <b>Ph. No. 011-23063660/1432</b></p> <p>No TA/DA shall be payable to attend the interview. Original documents shall be brought by the candidate in support of eligibility at the time of interview for verification.</p> <p>The completed application should reach the above address on or before <b>12<sup>th</sup> February, 2025.</b></p>

This issues with the approval of **Secretary, M/o Health & Family Welfare.**

  
**Senior Accounts Officer (Admin)**

To,

1. Sr. Tech. Director, NIC, Nirman Bhawan, New Delhi for publication on MoHFW website
2. Sr. AO (ITD), O/o CGA with a request for publication on CGA website.



**Application for the post of Consultants on contracts basis in the O/o Chief Controller of Accounts, M/o Health & Family welfare**

- 1. Name in full (in Block letters) :
- 2. Father's /Mother's/Husband's Name :
- 3. Gender :
- 4. Date of Birth :
- 5. Age as on 01.01.2025 :
- 6. Present/ Correspondence address :  
Telephone/mobile :  
E-mail :
- 7. Permanent address :
- 8. Educational qualifications :

Exam passed	Name of the University	Year of Passing	Subjects	Division	Percentage of Marks Obtained

9. Experience details of all previous and present employment:

Name of the employer	Name of the post	Salary drawn	Period		Name of duties performed
			From	To	

- 10. Date of Retirement :
- 11. Last Pay Drawn :
- 12. Office last attended :
- 13. Any Other relevant information :

**DECLARATION:**

I solemnly declare that all the statements made in this application are true, complete and correct to the best of my knowledge and belief. I understand and agree that in the event of any information being found false OR incorrect/ incomplete OR ineligibility being detected at any time before OR after Selection / interview, my candidature is liable to be rejected and I shall be bound the decisions of the Ministry of Health & family welfare.

**Signature**

**(Full name of the applicant)**

Date:  
Place :