F.No.15-4/ANIIMS/Rec.Cell/ State & Allied HealthCare/2024/ 486

उप निदेशक (स्वास्थ्य) का कार्यालय

OFFICE OF THE DEPUTY DIRECTOR (HEALTH)

अण्डमान तथा निकोबार प्रशासन

ANDAMAN & NICOBAR ADMINISTRATION

स्वास्थ्य सेवा निदेशालय

Directorate of Health Services

Sri Vijaya Puram Dated 28/08/2026

ADVERTISEMENT

Applications are invited from Indian Nationals for appointment on Deputation/Short Term Contract basis for the post of Chairperson, Andaman and Nicobar Allied and Healthcare Council, A & N Administration from 05.09.2026 to 04.10.2026 for an initial period of 02 years and extendable based on performance and existing rules.

Eligibility: The Chairperson shall be a person of outstanding ability, proven administrative capacity and integrity, possessing a postgraduate degree in any profession of recognised category of allied and healthcare sciences from any University and having experience of not less than twenty-five years in the field of allied and healthcare sciences, out of which at least ten years shall be as a leader in the area of allied and healthcare professions, as prescribed under Section 22(3)(a) of the National Commission for Allied and Healthcare Professions Act, 2021.

Pay scale: Pay Matrix level-14 as per 7th CPC ₹1,44,200-2,18,200 for candidates on deputation and a consolidated monthly pay of ₹2,75,000/- per month for candidates on short term contract.

Tenure: The Chairperson shall hold office for a term not exceeding two years from the date on which they enter upon their office and shall be eligible for re-nomination for a maximum period of two terms subject to conditions.

- Interested candidates are invited to send their applications in the prescribed format, downloadable from https://dhs.andamannicobar.gov.in/, along with self-attested copies of certificates, to the Nodal Officer (A&HCC); office of the Deputy Director (Health), Opp Netaji Stadium, Adjacent to Youth Hostel, Sri Vijaya Puram, A & N Islands – 744101, within 30 days from the date of publication of this advertisement, along with all relevant documents of educational qualifications, experiences, achievements etc. on Email ID: deputydirectorhealth@gmail.com along with hard copy.
- This advertisement is issued as a re-advertisement in continuation of the earlier advertisement dated 25.03.2026 for the post of Chairperson, Andaman and Nicobar Allied and Healthcare Council. The applications already received in response to the said advertisement shall remain valid and shall be considered along with the fresh applications received in response to this advertisement. Such applicants need not submit their applications afresh.
- Applications received after the due date and time and incomplete applications would not be taken into consideration.
- If a serving officer is appointed on deputation basis, then the deputation rules of Department of Personnel and Training (DoPT) shall apply in that case.

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Deputy Director (Health)
अण्डमान / A & N Islands
Port Blair

- The remuneration of contractual appointment of retired Government Employees shall be regulated as per Government of India Ministry of Finance, Department of Expenditure, New Delhi, OM No 3-25/2020-E.IIIA dated 9th December 2020.

Deputy Director (Health)/ Nodal Officer (A&HCC)
Directorate of Health Services
(F.No.15-4/ANIIMS/Rec.Cell/ State & Allied HealthCare/2024)

उप निदेशक (स्वास्थ्य)
Deputy Director (Health)
अ. एवं नि. द्वीप समूह / A & N Islands
पोर्ट ब्लेयर / Port Blair

Recent Passport Size Photograph

(Self-attested)

ANNEXURE-I

PROFORMA

NAME AND PARTICULARS OF CANDIDATE FOR THE POST OF CHAIRPERSON, ANDAMAN AND NICOBAR ALLIED AND HEALTHCARE COUNCIL

1. PERSONAL DETAILS

Particulars	**Details**
Full Name (in Block Letters)	
Father's/Husband's Name	
Date of Birth	
Age as on Closing Date	
Nationality	
Present Address (Office)	
Permanent Address	
Telephone No.	
Mobile No.	
E-mail ID	
Aadhaar No.	
Present Designation	
Name of Present Employer/Organization	

2. PROFESSIONAL DETAILS

Particulars	**Details**
Profession	
Field(s) of Specialization	
Registration Number	
Name of Council/Board	
Date of Registration	

3. ACADEMIC QUALIFICATIONS

Sl. No.	Qualification	Subject/Specialization	Year of Passing	Percentage/CGPA	University/Institution
1	Graduation				
2	Post Graduation				
3	Ph.D.				
4	Additional Qualification(s)				

4. EXPERIENCE

A. Total Experience

Category	Number of Years
Before Post Graduation	
After Post Graduation	
Academic Experience	
Clinical Experience	
Research Experience	
Administrative Experience	
Total Experience	

B. Experience Before Post Graduation

Sl. No.	Designation	Institution/Organization	From	To	Nature of Duties
1					
2					

C. Experience After Post Graduation

Sl. No.	Designation
1	
2	
3	
4	

5. LEADERSHIP / ADMINISTRATIVE EXPERIENCE

Total Leadership Experience: _____ Years

Sl. No.	Designation	Institution/Organization	From	To	Administrative Responsibilities
1					
2					
3					
4					

6. DETAILS OF CONTRIBUTION TO ALLIED AND HEALTHCARE PROFESSIONS

A. Policy Formulation / Regulatory Experience

Please provide details of significant contributions made at National, State, Union Territory or Institutional Level.

B. Education and Training

C. Healthcare Administration

D. Research and Innovation

7. EXPERIENCE IN RURAL / REMOTE / TRIBAL / ISLAND / UNDERSERVED AREAS

Sl. No.	Institution/Organization	Area	Period	Nature of Work
1				
2				

8. PUBLICATIONS

A. Research Publications	
Category	**Number**
PubMed Indexed Publications	
Other Peer Reviewed Publications	
Books	
Book Chapters	
Monographs	
(Attach separate list)	
B. Important Publications	

9. RESEARCH PROJECTS / CONSULTANCIES

Sl. No.	Project Title	Funding Agency	Role	Year
1				
2				

10. AWARDS AND RECOGNITIONS

Sl. No.	Award/Recognition	Awarding Organization	Year
1			
2			
3			

11. FELLOWSHIPS / MEMBERSHIPS OF PROFESSIONAL BODIES

Sl. No.	Fellowship/Membership	Organization
1		
2		
3		

12. EXTRA-CURRICULAR / SOCIAL / PROFESSIONAL ACTIVITIES

13. PRESENT EMPLOYMENT DETAILS

Particulars	**Details**
Present Post Held	
Organization	
Nature of Appointment	Permanent / Temporary / Contract
Pay Level / Pay Matrix	
Basic Pay	
Total Emoluments Drawn	

14. DETAILS OF RETIREMENT (IF APPLICABLE)

Particulars	**Details**
Date of Retirement	
Post Held at Retirement	
Organization	

15. VIGILANCE / DISCIPLINARY STATUS

Particulars	**Yes/No**	**Details**
Whether any disciplinary proceedings are pending		
Whether any vigilance case is pending/contemplated		
Whether any criminal case is pending		
Whether any penalty has been imposed during the last 10 years		

All relevant documents must be self-attested and enclosed along with the application form.

ANNEXURE-II

// DECLARATION //

I hereby declare that all information furnished above is true and correct to the best of my knowledge and belief. I further declare that I have no conflict of interest that would affect the discharge of my duties as Chairperson, Andaman and Nicobar Allied and Healthcare Council.

I understand that if any information furnished by me is found to be false or incorrect, my candidature/appointment shall be liable to cancellation.

Place: _____

Date: _____

Full Name and Signature of the Applicant