

No. A-22015/2/2014-St-I  
Government of India  
Ministry of Health & Family Welfare  
Directorate General of Health Service  
(Medical Stores Organization)

Wing-6, West Block-1,  
R.K. Puram, New Delhi-110066.  
Dated: 10.02.2021.

CIRCULAR


**Subject: Engagement of Consultant from retired central government officer at the level of Senior Accounts Officer in the Medical Stores Organization, DGHS, MOHFW on contract basis.**

Medical Stores Organization invites applications from retired central government officer at the level of Senior Accounts Officer for engagement as Consultant on contract basis through walk-in-interview. The detailed terms and conditions of engagement of consultant are given at Annexure-I. The eligibility criteria and other details are as follow:

1	No. of Consultant to be engaged on contract basis	1 (One)
2	Age Limit	Maximum of 65 years as on date of Circular
3	Place of assignment	Medical Store Organization, Sec-1, R K Puram, New Delhi - 110066.
4	Tenure of Contract	One Year
5	Eligibility Criteria	Retired Senior Accounts Officer from Ministries/Department of Central Government, who has vast experience in Accounts, Budgets, Audit matters
6	Assignment	To assist the Medical Stores Organization/Govt. Medical Stores Depot in the matters given in <u>Annexure-II.</u>

2. Interested persons who are in a position to join immediately on call may submit their particulars through email (in PDF) at [admn.st.mso@gmail.com](mailto:admn.st.mso@gmail.com) in the enclosed format along with a copy of PPO, addressed to the "Deputy Director (Admn.), MSO, Wing No. 6, FF, West Block No. 1, Sector -1, R K Puram, New Delhi - 110066" within three weeks of issue of this Circular. The date of Walk-in-Interview will be intimated through email.

3. The Hindi Version will follow.

  
(Yogender Kumar)  
Deputy Director Admn. (MSO)

To,

With a request for uploading the circular in their website:

1. NIC, MOHFW
2. Deputy Director (General), DGHS, MoHFW
3. Concerned Official, MSO

The other terms & conditions of contractual engagement are as under:-

1. The Consultant shall perform the services as assigned by the controlling officer.
2. The normal working hours would be from 9:30 AM to 6:00 PM with the lunch break of 30 minutes from 1:30 PM to 2:00 PM from Monday to Friday.
3. The Consultant shall be entitled to 8 days of casual leave days during of period of one year of engagement to be availed with prior permission.
4. In special circumstances the Consultant would be called for the services on holidays or beyond normal working hours.
5. The contractual appointment is for a maximum period of one year, extendable as per requirement, in Medical Stores organization.
6. The consultant shall be paid a consolidated remuneration as per the formula of last pay drawn minus pension subject to TDS etc subject to maximum of Rs. 65,000/- per month. The remuneration for the services rendered in a month shall be payable in subsequent month. No other allowances shall be permissible except TA/DA on official tours. TA/DA entitlement shall be the same as what was entitled at the time of retirement from the service.
7. The Medical Stores organization shall have the right to examine/ review the services provided by the Consulatat.
8. The Consultant shall perform the duties with all necessary skills, diligence, efficiency and economy.
9. No medical facility shall be provided by the Medical Stores organization. The remuneration is deemed to include an element to cover the cost of medical cover, if any.
10. The Medical Stores organization shall not be responsible for any loss, accident, damages/ injury suffered by the Consultant, whatsoever arising in or out of the execution of work including travel.
11. During the terms of service, the Consultant shall not engage in any private business of professional activity which could conflict with the interest of the Government.
12. The Consultant shall treat all official information as confidential and use the same only for the purpose of the performance of the services.
13. The service can be terminated by either side by giving one month's notice.



The Consultant will be responsible for Store-V, Section, MSO and will be assigned the following works:

- a.
  - a. It looks after the budget allocation, all the expenditure sanctions of both MSO and all the 7 GMSDs.
  - b. Replies to Audit Paras and Monthly/quarterly expenditure report are being dealt in Store-V.
  - c. Work of DDO, MSO
  - d. Salaries, Arrears, Medical reimbursement, LTC claims/Advance, Leave Encashment, TA/DA, Contingency bills, Contractor bills, telephone bills, canteen bills, water bills, conveyance bills are processed through PFMS.
  - e. Uploading Licence Fees on Directorate Estates e-awas.
  - f. BE-RE (MSO), Financial statements for TDS Returns quarterly and yearly.
  - g. Reconciliation of TDS and budget head quarterly and yearly.
  - h. Calculate Income-taxes and issue the Form 16.
  - i. Procurement for MSO (HQ) through GeM Portal is being done.
  - j. Preparation of sanction/bills and payment for the utility services.
  - k. Preparation of Pension papers, online through *Bhavishya Portal* .
  - l. Maintain records of stationary, Furniture, Equipment and other Stocks and stock register.
  - m. Prepare & Maintain Records all bills, bill registers and expenditure register, PBR, RTI Fee
  - n. Any other works assigned by the DDG (Stores), MSO.



**APPLICATION FORMAT FOR APPOINTMENT AS CONSULTANT IN MEDICAL STORES ORGANIZATION,  
DIRECTORATE GENERAL OF HEALTH SERVICES, MoHFW**

Position applied for: \_\_\_\_\_

Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Aadhar Number \_\_\_\_\_

Date of Retirement \_\_\_\_\_

Department retired from \_\_\_\_\_

Designation last held \_\_\_\_\_

PPO No. \_\_\_\_\_

Last pay drawn (Basic) \_\_\_\_\_

Basic Pension \_\_\_\_\_

Telephone No. \_\_\_\_\_

Mobile No. \_\_\_\_\_

E-mail ID \_\_\_\_\_

Mailing Address \_\_\_\_\_

Permanent Address \_\_\_\_\_

\_\_\_\_\_

Educational Qualification \_\_\_\_\_

\_\_\_\_\_

Work Experience (Add separate sheet is required)

Organization/Institute	Period		Nature of work	Remarks
	From	To		

I certify that the information provided in this application is true and correct as on the date of submission of this application. I understand that withholding of information or giving false information will result in a refusal to hire/termination of employment/civil penalty.

Place

Date

(Signature)