



A-12034/03/2021/NMC/Admin(8237084)  
National Medical Commission  
राष्ट्रीय आयुर्विज्ञान आयोग  
(Establishment Section)

ED-85964/13/SL  
19/12/25

769377  
E. Office No. .... DT. 19/12/25  
Government of India  
Ministry of Social Justice & Empowerment  
(Deptt. of Social Justice & Empowerment)

Pocket- 14, Sector-8,  
Dwarka, Phase - 1, New Delhi-110077  
Dated: 15 December, 2025

To,

1. All Ministries/Departments of Government of India
2. All State Governments/Union Territory Governments

**Sub: Filling up of 02 posts of Legal Officer in the National Medical Commission (NMC) and its four Autonomous Boards on Deputation basis - reg**

Madam/Sir,

The National Medical Commission, a Statutory body set up by an Act of Parliament, the National Medical Commission Act, 2019, proposes to fill up the posts in its headquarters and its four Autonomous Boards at New Delhi on deputation basis. The details of the posts, qualifications and experience prescribed and other terms and conditions are as specified in the Annexures. The terms and conditions of appointment on deputation shall be governed as per the guidelines/orders/instructions issued by the Department of Personnel and Training, Govt. of India.

2. It is requested to give wide publicity within your Ministry/Department and Organizations under your Ministry/Department and forward the applications in the prescribed proforma enclosed alongwith attested copies of ACRs/APARs for the last five years, vigilance clearance and cadre clearance of eligible candidates whose services could be placed at the disposal of the National Medical Commission and its four Autonomous Boards in the event of their selection. Advance copy of the applications may be sent to the Deputy Secretary (Estt.), National Medical Commission, Pocket-14, Sector-08, Dwarka Phase I, New Delhi-110077 on or before 31.12.2025. The applications complete in all respects THROUGH PROPER CHANNEL alongwith certificate by the employer should reach this commission within 45 days from the date of advertisement. The Employer/Cadre Controlling Authority may also certify that the particulars furnished by the Officer have been verified and found correct. In case of any change in the notice the same will be displayed on NMC's Website and as such the interested officers are requested to see the NMC Website [www.nmc.org.in](http://www.nmc.org.in) regularly.

Encl: as above

Copy to:

1. The Additional Secretary(ME), MoHFW, New Delhi
2. The Joint Secretary(Admn.), DoPT, with the request to upload this circular on the website of DoPT.
3. The Joint Secretary(Admn.), Legislative Department/Department of Legal Affairs, with the

(Namrata Kumari)  
Under Secretary (Estt.) NMC  
अवर सचिव/Under Secretary  
राष्ट्रीय आयुर्विज्ञान आयोग / National Medical Commission  
पॉकेट-14, सेक्टर-8, द्वारका, नई दिल्ली-110077  
Pocket-14, Sector-8, Dwarka, New Delhi-110077

*(Signature)*

DETAILS OF THE POST

1.	Name of the Post	Legal Officer
2.	Number of Post	02
3.	Scale of Pay of the Post	Level 11 (Rs. 67,700 - 2,08,700) of Pay Matrix
4.	Mode of Recruitment	By Deputation
5.	Qualification, Experience and Age Limit prescribed for the post	<p>Officers of the Central Government or State Governments or Union territories or autonomous or statutory organisations or PSUs or Universities or Recognized Research Institutions:</p> <p>(i) Holding analogous post on regular basis in the parent cadre or departments; or</p> <p>(ii) With three years of regular service in the grade rendered after appointment to the post on a regular basis in level 10 (Rs. 56,100 - 1,77,500) of Pay Matrix or equivalent; and</p> <p>(iii) Having Eight Years Service rendered after appointment to the post on a regular basis in level 08 (Rs 47, 600 - 1,51,100) or equivalent</p> <p>(iv) Possessing Bachelors with LLB with atleast 55% marks;</p> <p>(v) At least Ten years standing in the profession after registration with Bar council of India;</p> <p>(vi) Having Five Years' experience of handling legal matters in a Government/ Autonomous Organisation.</p> <p>Note 1: The period of deputation including the period of deputation in another ex-cadre post held immediately preceding this appointment in the same or some other organisation/Department of the Central Government shall ordinarily not exceed three years.</p> <p>Note 2: The maximum age limit for appointment on deputation shall not exceed 56 years as on the closing date of receipt of applications.</p>
6.	Brief Description of Duties	<ol style="list-style-type: none"> <li>1. Represent NMC before Hon'ble Courts/Tribunals and other forums.</li> <li>2. Advice the commission on legal and administrative issues.</li> <li>3. Drafting and vetting of legal documents such as</li> </ol>

*Namrata Kumari*  
 Namrata Kumari / Namrata Kumari  
 अवर सचिव / Under Secretary  
 आयुर्वेदान आयोग / National Medical Commission  
 प्लॉट-14, सेक्टर-3, द्वारका, नई दिल्ली-110077  
 Pocket-14, Sector-3, Dwarka, New Delhi-110077

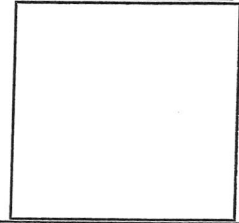
		<p>counter affidavits, replies, briefs, notes, circulars, notices, orders etc.</p> <ol style="list-style-type: none"> <li>4. Prepare instructions for the standing counsels of the commissions.</li> <li>5. Monitoring litigation and co-ordinate with the concerned Board/Section and standing counsels of the commission at various courts across the country.</li> <li>6. Aid in legal research and maintaining MIS.</li> <li>7. Handle grievances and complaints related to legal matters.</li> <li>8. Any other matter/work assigned by competent authority.</li> </ol>
7.	Period of Deputation	Initially for 3 Years

*Handwritten signature*  
15/12/2025

नम्रता कुमारी / Namrata Kumari  
अवर सचिव / Under Secretary  
राष्ट्रीय आयुर्विज्ञान आयोग / National Medical Commission  
पोकट-14, सेक्टर-3, द्वारका, नई दिल्ली-110077  
Pocket-14, Sector-3, Dwarka, New Delhi-110077

**Proforma for application for post of Legal Officer on Deputation**

**Annexure-II**



1.	Name in Full (IN BLOCK LETTERS)				
2.	Post Applied For				
3.	Date of Birth (DD/MM/YYYY)				
4.	Initial date of appointment in Govt. service				
5.	Date of superannuation (DD/MM/YYYY)				
6.	Service to which you belong				
7.	Status of your present employer (Pl. specify whether central Govt./State Govt./ Autonomous / University/others)				
8.	Office address with Telephone No.				
9.	Residential Address with Telephone No.				
10.	Email Id:				
11.	Educational and other Qualifications possessed by the Officer				
12.	Experience as possessed by the Officer				
13.	Please state clearly whether in the light of entries made by you above, you meet the requisite Qualifications and Work Experience of the post.				
14.	<b>Details of employment in chronological order (If needed, enclose a separate sheet duly authenticated by your signature in the format given below):</b>				
	Name of Office/ Institution	Post held on regular Basis	From	To	Level in the Pay Matrix of the post held on regular Basis
15.	Nature of present employment i.e. Permanent / Ad-hoc/Temporary)				
	Present post held, along with Pay Level and present Basic Pay/Pay Scale/Pay Band and Grade Pay of the post held:				
16.	In case the present employment is held on deputation, please state:				
	a) The date of initial appointment.				
	b) Period of appointment				
	c) Name of the parent office/				



	organization.	
	d) Name & Pay of the post held in substantive capacity in the parent organization:	
	<p>NOTE: In case of Officers already on deputation, the applications of such officers should be forwarded by the parent cadre/Department along with Cadre Clearance, Vigilance Clearance and Integrity certificate.</p> <p>NOTE: Information under Column 16(c) &amp; 16(d) above must be given in all cases where a person is holding a post on deputation outside the cadre/organisation but still maintaining a lien in his parent cadre/organisation.</p>	
	<p>Additional details about present employment:</p> <p>Please state whether working under</p> <ul style="list-style-type: none"> <li>a) Central Government</li> <li>b) State Government</li> <li>c) Autonomous Organisation</li> <li>d) Government Undertaking</li> <li>e) Universities</li> <li>f) others</li> </ul>	
17.	<p>Additional information, if any, relevant to the post you applied for in support of your suitability for the post. (This among other things may provide information with regard to: (i) additional academic qualification (ii) professional training and (ii) work experience over and above prescribed in the Vacancy Circular/Advertisement) (Note: Enclose a separate sheet duly signed, if the space is insufficient)</p>	

I have carefully gone through the vacancy circular / advertisement and I am well aware that the curriculum Vitae duly supported by documents submitted by me will also be assessed by the Selection Committee at the time of selection for the post. It is also certified that the information furnished above is correct and true to the best of my knowledge. In the event of my selection I shall abide by the terms and conditions of services attached to the post.

Place: -

Signature:

Date: -

Name:

**(Certificate to be furnished by the Employer/Head of office/Forwarding authority)**

Certified that the information/details provided in the above application by the applicant are true and correct as per the facts available on records. He/she possesses educational qualifications and experience mentioned in vacancy circular. If selected, he/she will be relieved immediately.

2. It is also certified: -

- i. That there is no vigilance/disciplinary case or criminal case pending or contemplated against Shri/ Smt./Ms. \_\_\_\_\_
- ii. That his / her integrity is certified.
- iii. That his / her CR / APAR dossier in original is enclosed / photocopies of the ACRs/ APAR for the last five years duly attested by an officer of the rank of Under Secretary to the Govt. of India or above, are enclosed.
- iv. That no major / minor penalty has been imposed on him / her during that last ten years or A list of major / minor penalties imposed on his / her during the last ten years is enclosed (as the case may be)
- v. That the cadre controlling authority has no objection to the consideration of the applicant for the post mentioned in this advertisement.

Signature \_\_\_\_\_

Name and Designation \_\_\_\_\_

Tel. No. \_\_\_\_\_

Office Seal

Place:

Date:

List of enclosures:

- 1.
- 2.
- 3.
- 4.
- 5.