

## National Dope Testing Laboratory WADA Accredited Lab

JN Stadium Complex, East Gate no. 10, Near MTNL Building Lodhi Road, New Delhi – 110003

## **WALK-IN-INTERVIEW**

The Walk-in-Interview will be held for Engagement on the posts of Junior Scientific Officer (JSO) and Jr. Analysts at the National Dope Testing Laboratory (NDTL) at the above address as per the programmes detailed below. The engagement will be purely on contractual basis and the incumbent shall have no claim for regular appointment under NDTL. The tenure of their engagement will be initially for a period of one year from the date of engagement, which can be extended from time to time depending on their performance and requirement of NDTL. The candidates would be required to do the routine testing of samples apart from any other work assigned to them by the Competent Authority/ Lab. Director, NDTL.

(i) Junior Scientific Officer (JSO)

No. of Post – 01 (Contract)

(ii) Jr. Analyst

No. of post – 03 (Contract)

- 2. The details of the eligibility criteria for each post have been indicated in Annexure-I.
- 3. The prospective applicants should bring with them their Application and Bio-data as per proforma given in Annexure-II.
- 4. The terms and conditions of Contractual engagement on the above posts will be as envisaged in Annexure –III.
- 5. The application complete in all respect with clear mention of the post applied for on envelope may be addressed and handed over to the Representative of the Administrative Officer at the venue of Interview:-

Administrative Officer
National Dope Testing Laboratory (NDTL)
Ministry of Youth Affairs & Sports
Jawaharlal Nehru Stadium Complex, East Gate,
Near MTNL Building, Lodhi Road, New Delhi – 110 003

(R R Bharati) Dy. Director, NDTL

आर. आर. भारती/R. R. BHARATI उपनिदेशक (एन.डी.टी.एस.)/Dy. Director (NDTL)

To,

NIC Cell, MYAS, Shastri Bhawan, New Delhi - For uploading on MYAS Website.

Copy for information to:

1. Shri Raj K. Gupta, Under Secretary (SP-IV), Ministry of Youth Affairs & Sports, Shastri Bhawan, New Delhi.



## National Dope Testing Laboratory WADA Accredited Lab

JN Stadium Complex, East Gate no. 10, Near MTNL Building Lodhi Road, New Delhi – 110003

| S.<br>No. | No. of<br>Post       | Post                                    | Essential Qualification                                                                                                                                     | Desirable Qualification                                                                                                                                                                                            | Remunerat ion                              |
|-----------|----------------------|-----------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|
| 1.        | 01<br>(Contra<br>ct) | Junior<br>Scientifc<br>Officer<br>(JSO) | M.Sc Chemistry/Biochemistry/An alytical chemistry/instrumentation plus 02 years experience in handling and data interpretation of LC-MS/MS, GC-MS/MS, GC-MS | Experience in ISO     17025 : 2005     Accredited Laboratory     Research publication in related field                                                                                                             | Rs. 50,000/-<br>(without any<br>allowance) |
| 2.        | 03<br>(Contra<br>ct) | Jr.<br>Analyst                          | M.Sc (Chemistry/<br>Biochemistry/<br>Pharmacology/ Forensic<br>Science/ Biotechnology)  Or M. Pharm.                                                        | Experience in related field:  Wet Laboratory Work  Quality Assurance Deptt. pertaining to documentation, Internal Audits, SOP Preparation.  Sample preparation and Handling, Instrumentation (GC-MS, HPLC, LC-MS). | Rs. 28,000/-<br>(without any<br>allowance) |

For all the above posts Age criteria is as follows: -

Upper age 35 years for Junior Scientific Officer (JSO) and 30 years for Jr. Analyst. Relaxable upto 5 years in case of candidate belonging to SC/ST, physically handicapped and female candidates and 3 years in case of OBC candidates.

Experience, if any, shall be considered only if acquired after passing the essential qualifications.

Grant of some Annual Enhancement on case to case basis depending on the performance output of the incumbents will be at the prerogative of CEO, NDTL.

Interested Candidates may appear for the Walk-in-interview alongwith application and Bio-Data as per the following programme :-

1. Post :

Junior Scientific Officer (JSO)

Date :

18.07.2017 at 9:30am

Venu :

Conference Hall of NDTL

2. Post :

**Junior Analyst** 

Date :

19.07.2017 at 9:30am

Venu:

Conference Hall of NDTL

Deputy Director NOTA

Scanned by CamScanner

## APPLICATION FORM (ANNEX - II)

| 1.     | Post /                 | Applied for                             | :        |                          |                 |                                          |                  |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|--------|------------------------|-----------------------------------------|----------|--------------------------|-----------------|------------------------------------------|------------------|-----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 2.     | Name                   | e of the                                | :        |                          |                 |                                          |                  |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|        | Cand                   | idate                                   |          |                          |                 |                                          |                  |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 3.     | Fathe                  | er's/Husband                            | :        |                          |                 |                                          |                  |                 | Latest                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|        | Name                   | e                                       |          |                          |                 |                                          |                  |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 4.     | Curre                  | ent                                     | :        |                          |                 |                                          |                  |                 | Photograph                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|        | Desig                  | nation                                  |          |                          |                 |                                          |                  |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 5.     | Gend                   |                                         | :        |                          |                 |                                          |                  |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 6.     | Marita                 | al Status                               | :        |                          |                 |                                          |                  |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 7.     | Categ                  | orv                                     | :        |                          |                 | ***************************************  |                  | -               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|        |                        | T/OBC/PH                                |          |                          |                 |                                          |                  |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|        | ./Fema                 |                                         |          |                          |                 |                                          |                  |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 8.     | Date                   | of Birth                                | :        | 1                        | 1               | (dd/mr                                   | m/vvv)           |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 9.     | Addre                  | ess for                                 | :        |                          |                 | (0.0                                     | 3337             |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|        | corres                 | spondence                               |          |                          |                 |                                          |                  |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 10.    | Email                  |                                         | :        |                          |                 |                                          |                  |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 11.    |                        |                                         | :        |                          |                 |                                          |                  |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|        | 10 10000000            | STD code                                |          |                          |                 |                                          |                  |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 12.    |                        |                                         | :        |                          |                 |                                          |                  |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|        |                        |                                         |          |                          |                 |                                          |                  |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 13.    | Educa                  | ational Qualif                          | ica      | ations (Attach at        | ttested ph      | otocopies o                              | of certificates) |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|        |                        |                                         |          | Allono (Milaon al        | nootoa pii      | otooopics o                              | n certificates,  |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|        | S.                     | Qualificati                             | 0        | Name of                  | Regular         | Course                                   | Year of          |                 | % Marks                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|        | no. n                  |                                         | -        | Board/Unive              | Trogular Course |                                          | Passing          |                 | 70 Marks                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|        |                        |                                         |          | rsity/                   |                 |                                          | , dooning        |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|        |                        |                                         |          | Institution              |                 |                                          |                  |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|        | 1.                     |                                         |          |                          |                 |                                          |                  |                 | ****                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|        | 2.                     |                                         | $\dashv$ |                          |                 |                                          |                  |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|        | 3.                     |                                         | -        |                          |                 | ****                                     |                  |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|        | 4.                     |                                         | 7        |                          |                 |                                          |                  |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|        | 5.                     |                                         |          |                          |                 |                                          |                  |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|        | 1                      |                                         |          |                          |                 |                                          |                  |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 14     | Other                  | skills if any;                          |          |                          |                 | And the series                           |                  |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|        | S.                     | Type of                                 | $\neg$   | From where of            | htained         |                                          | Duration         | of alitte       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|        | no.                    | Skill                                   |          | Trom Where of            | Janieu          |                                          | Duration         | OT SKIIIS       | training                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| -      | 1.                     | OKIII                                   | +        |                          |                 |                                          |                  |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| -      | 2.                     |                                         | +        |                          |                 |                                          |                  |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| -      | 3.                     |                                         | +        |                          |                 |                                          |                  |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| -      | <b>3. 4.</b>           |                                         | +        |                          |                 | 1907-1907-1907-1907-1907-1907-1907-1907- |                  |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| -      |                        |                                         | +        |                          |                 |                                          |                  |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 900000 | 5.                     |                                         |          |                          |                 |                                          |                  |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 451    | THE RESERVE            |                                         |          |                          |                 |                                          |                  |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 15.    | D : (D                 |                                         |          |                          |                 |                                          |                  |                 | The state of the s |
|        | Brief D                | escription of                           | re       | quisite experien         | ce (Attach      | ned attested                             | photocopy of     | of certific     | ates)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|        | Brief D                | name or                                 |          | quisite experien<br>from | ce (Attach      | to                                       | Duration         | f certific      | ates)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| 10.    | S.no                   | escription of<br>Name of<br>organizatio |          | quisite experien<br>from | ce (Attach      | to                                       | Duration         | Brief of duties | lescription of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|        | 5.no<br>1.             | name or                                 |          | quisite experien<br>from | ce (Attach      | to                                       | Duration         | Brief o         | lescription of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|        | 5.no<br>1.<br>2.       | name or                                 |          | quisite experien<br>from | ce (Attach      | to                                       | Duration         | Brief o         | lescription of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| -      | 5.no<br>1.<br>2.       | name or                                 |          | quisite experien<br>from | ce (Attach      | to                                       | Duration         | Brief o         | lescription of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| -      | 5.no<br>1.<br>2.<br>3. | name or                                 |          | quisite experien<br>from | ce (Attach      | to                                       | Duration         | Brief o         | lescription of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|        | 5.no<br>1.<br>2.       | name or                                 |          | quisite experien<br>from | ce (Attach      | to                                       | Duration         | Brief o         | lescription of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |

| _ |                                                                         |          |                                                                              |
|---|-------------------------------------------------------------------------|----------|------------------------------------------------------------------------------|
|   | <ol><li>Total Experience in</li></ol>                                   | :        |                                                                              |
|   | Year & Month                                                            |          |                                                                              |
|   | Declaration: It is to certified that I am rin any court of law in India | no<br>a. | t involved in any criminal activity & no criminal case in pending against me |
| ı | Date :<br>Place :                                                       |          | Signature of the Candidate                                                   |

The Terms and Conditions for Contractual Engagement on the post of Junior Scientific Officer (JSO) and Jr. Analyst in NDTL.

- The tenure of their engagement will be initially for a period of one year from the date of engagement, which can be extended from time to time depending on their performance and requirement of NDTL. They will be paid consolidated remuneration (without any allowance) as indicated against each post. TDS will be deducted at source as per rules.
- ii) In case of applications received in large number as compared to the vacancy, the Competent Authority of NDTL may evolve futher criteria to bring the number of applications to a desired ratio as deemed appropriate.
   iii) Mere appearance in intensions to the competence of the competence of
- iii) Mere appearance in interview shall not bestow any right upon the candidates for selection. The recommendations of the selection Committee and its subsequent approval by the Competent Authority shall be final and binding upon the candidates.
- They will be posted at National Dope Testing Laboratory (NDTL), JN Stadium Complex, East Gate, Near MTNL Building, Lodhi Road, New Delhi 110003.
- v) The contractual assignment may be extended further depending on the Annual Review of their performance at NDTL.
- vi) The candidates should bring one set of self-attested copies of their testimonials and also bring originals (including caste certificate, if applicable in r/o any candidate) for verification.
- vii) They will be required to work on sample preparation and handling of instruments as indicated against each post and also any other work assigned by the Laboratory Director, NDTL.
- viii) They will not be allowed to work on honorary basis/ private capacity anywhere else during your tenure at NDTL.
- ix) They will be entitled for leave with stipend not exceeding 20 days in a year (Calendar year). On their first joining, the leave will be calculated as per the date of joining for that particular calendar year.
- x) They will not be entitled for any TA/DA for joining.
- Their contract assignment can be terminated at any time by giving one month's notice from either side or payment of one month's remuneration in lieu thereof. They will be required to sign the Terms and Conditions form consequent upon their selection for Contractual Engagement.
- xii) Consequent upon their selection and issue of Offer letter, they will be required to join at NDTL on or before 30 days from the date of issue of the Offer letter.

(Deputy Director, NDTL)

आर. आर. भारती/R. R. BHARATI उपनिदेशक (एन.डी.टी.एल.)/Dy. Director (NDTL)