



NATIONAL BOARD OF ACCREDITATION

4th Floor, NBCC Place, East Tower, Pragati Vihar,
Bhisham Pitamah Marg, New Delhi -110003.
Phone No.: 011-24360651(D), Fax:24360682,
website:www.nbaind.org

VACANCY

National Board of Accreditation (NBA) invites application for the post mentioned below on purely contact basis from the candidates, who fulfill the eligibility as given below:

S.No.	Name of the positions	Eligibility	Maximum Age limit	Emoluments
1.	Consultant(s)	Essential Retired Government Officers from Central/State Govt. / Autonomous Bodies/Public Sector Undertaking of Govt. and worked in Technical Education Accounts/Administration Information Technology etc.	Not more than 65 yrs	Subject to experience

Note :

1. Candidates can apply [online / offline\(in prescribed format\)](#). The last date of submission of the application is 20th February, 2015. If the last date of receiving the application is Saturday/ Sunday/ Gazetted holiday, the application will be received on next working day.
2. Preference will be given to the candidates having experience in the relevant field and with good communication and writing skill.
3. Only short-listed candidates will be called for the interview.
4. NBA reserves the right to cancel the candidature of any applicant who is not found suitable for the job and shall not entertain any request from him/her.
5. No TA/DA will be admissible for attending the interview.

(Member Secretary)

Application for the Post of Consultant in National Board of Accreditation, New Delhi

1. Name (in Block letters): _____
2. Father's Name: _____
3. Date of Birth: _____
4. Gender: Male / Female
5. Present address: _____

 Dist: _____, State: _____, Pin: _____
6. Permanent address: _____

 Dist: _____, State: _____, Pin: _____

7. Educational Qualifications:

Sl. No.	Exam Passed	Year of Passing	Subjects	% of marks	College/ University/Board
1.	10+2				
2.	Graduation				
3.	Post - Graduation				
4.	Others				

8. Details of employment in chronological order. Enclose separate sheet duly authenticated by your signature, if the space below is insufficient

Office/Institution /Organization	Post Held	From (MM/YY)	To (MM/YY)	Nature of duties

Signature _____
 Name _____
 Tele: _____
 E-mail ID _____