



CENTRAL WAQF COUNCIL

(Ministry of Minority Affairs, Government of India)

Telephone No.011-29562146, 47
Fax: 011-29562137
Website: www.centralwaqfcouncil.gov.in
E-mail : secycwc.wakf@nic.in

Central Waqf Bhawan
P-13 & 14, PushpVihar,
Sector-6, Saket,
Opposite Family Court,
New Delhi -110 017
Dated:18.04.2018

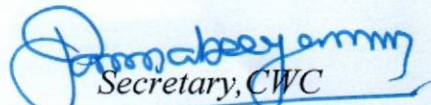
F.No.55(1)2017-CWC(C & S)

Vacancy Circular

Central Waqf Council invites application from eligible candidates for the following Post purely on temporarily and contractual basis under "Quami Waqf Board Taraqqiati Scheme" initially for one year, which may be extended further subject to satisfactory performance, continuation of the scheme and approval of the competent authority. The last date for submission of application is 7th May'2018.

S. No	Post	No. of Post	Proposed Salary	Essential Qualifications & Experience
1	<u>Senior Associate</u> <u>(Project)</u>	02 (Two)	Rs.35,000/-	1.B.Tech, B.E. or equivalent (in CS /IT /IT Systems) or MCS or MCA from a recognized University / Institute. 2. Atleast five years post qualification experience in Designing & Implementing Software Systems, Managing IT Infrastructure and its Services including Network. 3. Good verbal and written communication skill in English. 4. Should be ready to travel in and outside New Delhi on official tours as per the requirements. 5.Ability to perform under pressure and work till late hours due to work exigency. 6.Should be able to handle the work of implementation of the Government Scheme.

Interested candidates may send their applications in the prescribed format alongwith a passport size photograph and self attested copies of all the educational qualifications and experience certificates to this office latest by 7th May'2018.


Secretary, CWC

Post applied for _____

Name	
Father's Name	
D.O.B.	
Permanent Address	
Complete Present Address including email ID and Mobile.No.	
Educational & Professional Qualifications	Exam Passed Board/Univ. Year % of Marks
Experience	Organization Designation From To
Nature of work carried-out in each organization	
Languages Known	Read Write Speak
Any other information	

I certify that the above particulars are correct to the best of my knowledge and belief and I shall be held responsible for furnishing any false information.

Date :

Place :

(Name & Signature)