



# HEALTH INSURANCE TPA OF INDIA LTD.

CIN - U85100DL2013PLC256581

Regd. Office : NBCC Centre, Office No.301, Maa Anand Mai Marg, Okhla Phase-1,  
New Delhi-110020

Corporate Office & CPC : 2<sup>nd</sup> Floor, Majestic Omnia Building, A-110, Sector-4, Noida-201301

Website: [www.hitpa.co.in](http://www.hitpa.co.in), Phone: 91 120-4765800 (EPABX) Fax: +91 120 4765899

## Hiring of GIPSA retired Officers as Full Time Consultants for short term on contractual basis

Health Insurance TPA of India invites applications from retired Officers (who superannuated from GIPSA companies) for hiring as Full Time Consultants for short term on contractual basis as per below details:

Designation	:	Consultant (Relationship Management/Technical)
Term of appointment	:	One year contract, extendable for one more year based on satisfactory performance. Can be terminated mid-term in case of unsatisfactory performance or conduct issues or any other reason as per Company's internal requirements
Eligibility	:	(a) Minimum Graduate from a recognised university (b) Retired as Scale I to Scale V officer (c) Excellent communication skills (d) Knowledge of Health Insurance & computer operations
Age	:	Not more than 64 years as on date of application/start of Contract
Profile	:	1- Liaisoning with insurance company operating offices/Regional Office/Head Office for (a) Relationship Management (b) Addressing Service issues (c) Resolving grievances of customers (d) Recovery of TPA Fees (e) Liaisoning/servicing of corporate clients  2- Internal liaisoning/supporting different teams/branch office/HO for needful action to meet insurer/client requirements 3- Technical support – claims management & quality check 4- Liaison with external agencies/other stakeholders 5- Any other as per business need
Remuneration	:	Fixed as per Company norms
Location	:	Regional centres, need based

Selection process : Candidates to submit application on prescribed format as below through e-mail to [careers@hitpa.co.in](mailto:careers@hitpa.co.in), followed by interview (only of shortlisted candidates) and satisfactory medical examination

Last date to apply : 30/06/18

Note: Selection/rejection of candidate is absolutely at the discretion of the Company in accordance with its internal requirements, the decision of Health Insurance TPA of India shall be final and binding.

**HR Department**

## Application Format

*For Office use (Application Number \_\_\_\_\_)*

**Application for position of Full Time Consultant – Relationship Management or Technical (Tick whichever applied for) for Short Period on Contractual basis, Job Code : C-01**

Sl. No	Item	Details				
<b>Personal Information</b>						
1	Name (First, Middle, Surname)					
2	Date of Birth (DD/MM/YYYY)					
3	Age as on 1/7/2018 (in completed years)					
4	Permanent Address with PIN Code					
5	Current correspondence address (if different from above)					
6	Contact Mobile Number					
7	Contact email id					
8	Adhaar id/PAN No./Passport No. (tick the relevant id and provide details)					
<b>Educational and Professional Qualification (starting from first college degree)</b>						
	Title of Degree /Diploma/Certificate	Area of Specialisation or Stream	Name of University/Board/Institution	Year of Passing	Whether degree/course done Full Time/ Part Time/ Distance learning	Marks in %age or CGPA converted to equivalent %age
9						
10						
11						
12						
13						
14						
<b>Work Experience (starting from latest to first, including promotions)</b>						
	Name of Company	Scale /level	Period of employment (From – To year only)	Designation/ Position Held	Brief list of responsibilities	Special achievements/ awards/ projects if any
15						
16						
17						

18						
19						
20						
21						
22						
23						
24						
25						
26	Experience in Health insurance – in what capacity/role and duration					
27	Date of superannuation			DD/MM/YYYY		
	Knowledge of computers: MS Excel, Word, Power Point			Yes/No Level of proficiency -		
28	Whether charged/indicted under any departmental enquiry, vigilance case. If yes, please provide details thereof with final penalty/action taken by the organisation. If not, mention 'Nil'					
29	Do you know anyone in HI TPA, if yes, please mention name, designation, location					
30	Any other relevant information					

**Declaration and Signature**

I hereby declare that all the information given above is correct and true to the best of my knowledge.

Signature

Name

Salary Roll No.

Insurance Company Name

Date

Place

*Note: It is mandatory to fill all columns, incomplete application forms are liable for rejection for further processing.*