



MISSION DIRECTOR NATIONAL HEALTH MISSION, J&K

Jammu Office: Regional Institute of Health & Family Welfare, Nagrota, Jammu.

Fax: 0191-2674114; Telephone: 2674244. Pin: 181221

Kashmir Office: J&K Housing Board Complex, Chanapora, Srinagar. Pin: 190015

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NHM Help Line for Jammu Division 18001800104: Kashmir Division 18001800102

Advertisement Notice for Hiring the Services of Specialists under National Health Mission in Jammu Division

The interested post graduate medical doctors are invited to participate in Walk-in-interview for working against the posts of Specialists (**Gynaecologists/ Paediatricians/ Anaesthetists/ Radiologists/ Pathologists**) at FRU's on need basis as per the permissibility in Jammu Division. These posts are purely on temporary basis and services of the specialists shall be hired initially upto 31st March, 2017 and can be further extended based on their performance and sanction from the Govt. Of India:

➤ Eligibility

1. **Qualification:** PG Degree/ Diploma in relevant stream recognized by Medical Council of India and registered with the Medical Council of India/ J&K State Medical Council.
2. Candidate should be permanent resident of the state.
3. **Age:** Maximum age limit upto 65 years.
4. Stay at the place of posting is mandatory.
5. **Remuneration:** Rs. 50,000/- per month.

The walk-in interviews shall be conducted on **12th August, 2016** in the office of **Mission Director National Health Mission J&K, Nagrota, Jammu** at 11:00 am sharp. The application form can be downloaded from the official website www.jknhm.com or from the office of the Mission Director, National Health Mission, Regional Institute of Health & Family Welfare, Kandoli, Nagrota.

* (The interview for the posts of Specialists of Kashmir Division and various other categories of State level posts and remaining posts of Kashmir Division will be notified separately)

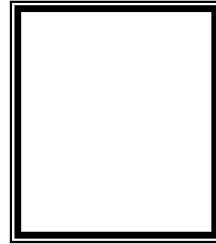
Sd-
Mission Director,
NHM, J&K

No. SHS/NHM/J&K/J/

Dated:-

**APPLICATION FORM FOR HIRING OF STAFF UNDER
NATIONAL HEALTH MISSION, J&K.**

1. Post applied for. _____
2. Name of Candidate _____
3. Parentage _____
4. Date of Birth _____
5. Permanent Address _____
6. E-mail/ Contact No. _____
7. Details of Qualification: (viz MBBS / Post Graduation)



Examination passed	Board/University	Year of passing	Marks Obtained	Total marks	%age
MBBS Ist Year					
MBBS 2nd Year					
MBBS 3 rd Year					
MBBS 4 th Year					
MBBS (Cumulative)					
MD/MS/PG Diploma					

8. MCI/ State Medical council Registration No. _____
9. Experience if any:
Duration _____ years _____ Months
10. **Institution opted as per order of preference(Only for MBBS Doctors)**
a) _____ b) _____
(c) _____
d) _____ e) _____
11. No. of Enclosures _____
12. I do hereby declare that
 - I. The Statement in this application is true to the best of my knowledge and belief.
 - II. I have never been debarred from appearing at any examination/ interview.
 - III. I have never been prosecuted or involved in any criminal case registered by the police or convicted by the criminal court.
 - IV. I shall accept the selection made by the selection committee, which will be binding on me.

I undertake that any willful concealment of the facts shall result in the cancellation of my candidature and debaring me from applying in future.

Signature of applicant.