**NATIONAL HEALTH MISSION**
**HIMACHAL PRADESH.**

# Advertisement No. 013/2017

Applications are invited from the desirous and eligible candidates to be engaged on contract basis for the following posts of  under National Health Mission Himachal Pradesh initially for a period of one year ,which is a renewable based on the individual performance and requirement of the Deptt. as well as approval received from the GOI. The application complete  in all respect a/w requisite documents should be submitted to this Mission Office on or before 20.2.2017 upto 4 PM positively.

## Detail of posts

| Post Code | Name of post | No of posts | Essential Qualification | Monthly remuneration/ pay |
|---|---|---|---|---|
| **201** | Pediatrician  (under RBSK at IGMC,Shimla and  Dr.RPGMC Tanda | 2 ( UR) | MBBS with PG Degree in pediatrics recognized by MCI. Must be registered with the HP State  Medical Council. | 75,000/- |
| **202** | Medical Officer (under RBSK at IGMC,Shimla and  Dr.RPGMC Tanda=2 posts) and 1 for Skill Lab at Shimla | 3(UR) | MBBS Degree recognized by MCI. Must be registered with the  HP State Medical Council | 26,250/- |

ii) **Desirable  Qualification**:  Knowledge of custom, manner and dialects of Himachal Pradesh and suitability for appointment in the peculiar condition  prevailing in the |Pradesh.

i)  **Age**: Should be within the age group of 18-45 years as on 30.11.2016

ii)  **FEE**:  Fee of Rs.200/-should be remitted with the application form in the shape of DD in favour of Mission Director, National Health Mission payable at Kasumpti, Shimla-9

iii)  The Candidates, who meet the requisite qualification, experience and age criteria may apply to the Mission Director, National Health Mission, SDA Complex, Shimla-171009 on or before 20.2.2017   upto 4PM a/w fee under sealed cover   super scribing **"APPLICATION FOR THE POST OF     _____ (*WITH POST CODE*).**

iv)  Application form may be downloaded from the website of the NHM www.nrhmhp.gov.ina

Shimla-171009                                                          Mission Director
                                                                              National Health Mission

# Advertisement No13/2017

## NATIONAL HEALTH MISSION, HP,SHIMLA-9

**APPLICATION FORM FOR THE POST OF................... HIMACHAL PRADESH.**
**(Post Code…………. )**

**PERSONAL INFORMATION**

1. Name ( IN CAPITAL LETTERS): _____
   (Please underline surname)

2. Father's Name: _____

3. Date of Birth: _____(attach proof)

   Age as on 30.11. 2016:_____

4.I am a (tick one):
☐ Indian Citizen with valid Himachal domicile   ☐ Indian Citizen without valid Himachal domicile

☐others

5.Sex    :                              ☐ Male          ☐ Female

6.Marital Status      :          ☐ Married        ☐ Single

7.Permanent Address :  Vill_____ PO_____ Tehsil _____
Distt. _____

8. Address for Correspondence:
_____

_____ Postal Code: _____

Contact No (Mobile): _____ Email address: _____

**9.Category:        _____,          _____,         _____**

**10.. ACADEMIC QUALIFICATIONS (Matric and above)**

| Date | | Schools/Institutions Attended | Affiliation/ Recognition | Qualifications Obtained | Percentage (aggregate)/Grade |
|---|---|---|---|---|---|
| **From** | **To** | | | | |
| | | | | | |
| | | | | | |

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|---|---|---|---|---|---|
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|  |  |  |  |  |  |

**(photo stet copy of each standard must be attached with this form)**

**11. OTHER QUALIFICATIONS / COLLEGE ATTENDED / AWARDS ATTAINED (Indicating computer literacy also )**

| Date | | Qualifications / Awards Obtained | Awarding Institution |
|---|---|---|---|
| **From** | **To** | | |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**12. EXPERIENCE (Where required)**

| Sr,No. | Name of Organization | From | To | Pay | Total period |
|---|---|---|---|---|---|
|  |  |  |  |  |  |

13.  **Name & Registration No.of  employment exchange**. :_____

14..  **Detail of Fee {non-refundable} in favour of the MD, NHM, HP  payable at Shimla**

   i) Rs.200/- in case of General category candidates

| DD No./Date | Dated | Rs. | Drawn on |
|---|---|---|---|
|  |  |  |  |

15. **LIST OF ENCLOSGENES**

   Self attested copies of

   1. Matriculation
   2. **+2 examination**
   3.**MBBS/PG Degree ( for** Paediatrician)
   4..Experience certificate ( if any)
    5.Self addressed two envelope size 6"x11" duly stamped with Rs 5/-

16.  **Verification**

I------------------------------(Name of Candidate) verify that the above information is correct to the best of my knowledge.  I understand and accept that providing false information deliberately could result in rejection of my application and later termination.


**Date**                                                                                   **Signature of the Candidate**