

Office of the Chief Medical officer Shopian
DISTRICT HEALTH SOCIETY SHOPIAN

ADVERTISEMENT NOTICE

Applications from eligible candidates are invited on prescribed format for contractual hiring of services with respect to the following Vacant Posts under National Health Mission as per the details given as under:

| S.No. | Category. | No. Of Posts | Name of Facility | Remuneration Per Month | Requisite Qualification |
|-------|-----------|--------------|-------------------|------------------------|---|
| 1 | OT Tech. | 02 | District Hospital | 12000/- | Matric with Diploma in theatre Assistant Training from SMF or any other recognised institute. |

TERMS & CONDITIONS:

1. Applicant belonging to District shopian only can apply.
2. The hiring will be purely on contractual basis. Initial contract for hiring shall be till 31st March 2019. Further extension will be subject to satisfactory performance of the candidate and approval of the post by State Health Society/GOI.
3. A contractual appointee shall not be entitled to any other allowances or monetary benefits whatsoever.
4. A contractual appointee shall have to execute an agreement bond with District Health Society Shopian.
5. No TA/DA will be admissible to the candidates coming for the interview.
6. Application can be rejected by the screening Committee if found not falling as per criteria.
7. A contractual appointee shall not be entitled to any preferential claim for a regular appointment under normal process of selection.
8. The number of vacancies is only indicative and may increase or decrease.
9. All contracts executed under the banner of "District Health Society" stand cancelled if society is dissolved at any time during the contract period.
10. The selection for above vacancies shall be made as per guidelines of NHM.

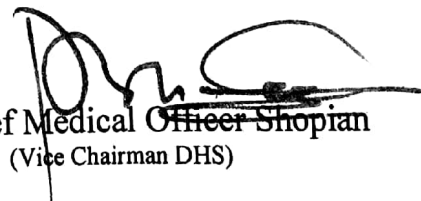
The interested eligible candidates can submit their duly filled in applications on the prescribed form in the office of Chief Medical Officer, Shopian/Vice-Chairman, and District Rural Health Society Shopian **by or before 15th Oct. 2018**

List of documents to be attached with the application form:

- I: Date of Birth Certificate.
- II: Permanent Residence Certificate.
- III: Degree/Diploma Certificates
- IV: Marks certificate

11: Applications not falling in the prescribed criteria or without aforesaid documents shall be rejected outrightly.

No. NRHM/DMU/SPN/18/464-60
Dated: 06/10/18

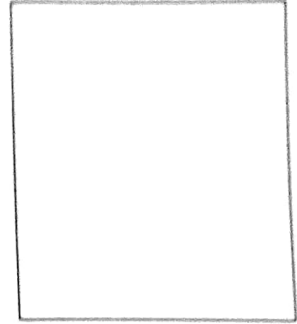

Chief Medical Officer Shopian
(Vice Chairman DHS)

Copy to:

1. Mission Director NHM (J&K) for favour of Information.
2. District Development Commissioner (Chairman DHS) Shopian for information.
3. Divisional Nodal officer NHM Kashmir for information.
4. Director Information Kashmir for information and necessary action. He is requested to get the advertisement notice published in two leading News papers of the valley.

APPLICATION FORM NATIONAL HEALTH MISSION-J&K

1. App. No. _____
2. Post applied for. _____
2. Name of Candidate _____
3. Parentage _____
4. Date of Birth _____
5. Address _____
District _____ Block _____
6. Email/ Contact No. _____
7. Details of Academic /Technical Qualification:



| Examination passed | Examination Body/ Board/ University | Year of Passing | Marks Obtained | Total marks | %age |
|--------------------|--|-----------------|----------------|-------------|------|
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8. Date of completion of qualifying degree _____
9. Post Qualification Experience:
Duration _____ Years _____ Months

10. Documents enclosed:

- a) _____ b) _____
c) _____ d) _____

11. I do hereby declare that

- a) Those Statements in this application are true to the best of my knowledge and belief.
- b) I have never been debarred from appearing in any examination/interview.
- c) I have never been arrested / prosecuted or involved in any criminal case registered by the police or convicted by the criminal court.
- d) I have undergone the degree from university head-quarters and not from the off-campus which have been established by these universities beyond their territorial jurisdiction
- e) I undertake that any willful concealment of the facts shall result in the cancellation of my candidature and the District Health Society may also debar me from applying for future selection.

I shall accept the selection made by the selection committee which will be binding on me.

Signature of applicant.

Note: The candidates need to attach documentary evidence along with the application form, which Supports the statements made in the form.