



## 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:** A Block, Ground Floor, Old Secretariat, Srinagar. Pin: 190001  
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**NHM Help Line for Jammu Division: 18001800104; Kashmir Division: 18001800102**

### ADVERTISEMENT NOTICE.

Applications are invited regarding walk-in interview for hiring the services of Specialists in following streams in both the Division of UT of J&K & Medical officers (MBBS), on contractual basis, under National Health Mission, J&K, against the vacant posts in various Districts of the Jammu Division.

1. Paediatrics.
2. Gynecology & Obsetritics.
3. Anesthesia.

#### **Eligibility/Selection criteria for Specialists:-**

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. **Age:** Maximum age limit up to 65 years.
3. Stay at the place of posting is mandatory.
4. During the contract period Consultant cannot do Private Practice.
5. **Remuneration:** Rs. 50,000/- per month.

#### **Eligibility/ Selection criteria for Medical Officers ( MBBS):**

S. No	Post	Qualification/Expe rience	Remuneration	Selection Criteria
1	Medical Officer (MBBS)	<b>Qualification:</b> MBBS degree recognized by Medical Council of India.  <b>Age: Maximum age limit up to 65 years</b>	a) Rs.30,000/- per month for rural areas plus incentives as per the criteria laid down for difficult areas; b) Rs.28,000/- per month for full time Medical Officer under NUHM in Urban areas; and c) Rs.15,000/- per month for Part time Medical Officer under NUHM.	(i) MBBS - 80 Points (ii) Viva- voce - 20 points <b>Note:</b> Item (i) on Pro- rata basis.

Candidates should bring filled application form along with the self-attested photo copies of the documents mentioned under terms & conditions on the day of walk-in interview on the day of Walk-in Interview.

**Terms & Conditions:**

1. Hiring will be purely on contractual basis. Initial contract for hiring shall be **upto 31<sup>st</sup> March 2020**, and further yearly extension will be subject to satisfactory performance of the candidate/ approval of the post by the Ministry of Health & Family Welfare, Govt. of India.
2. Interview will be held on **7th Feb-2020** in the office of **State Health Society, National Health Mission at Regional Institute of Health & Family Welfare, Near Sainik School, Kandoli Nagrota, Jammu.**
3. Application form shall also be available on the official website [www.jknhm.com](http://www.jknhm.com) which is the only and authentic source of information with respect to National Health Mission, J&K. This office shall not be responsible for inconvenience caused to anybody due to misleading/ false information made available by any other website(s) and purportedly claimed to be associated with NHM, J&K, in any manner whatsoever.
4. **List of documents to be attached with the application form:**
  - i. Date of Birth Certificate.
  - ii. Degree of requisite Qualification.
  - iii. Marks sheet of all years/ one consolidated marks sheet indicating marks of all the years of the required qualification for the post applied for.
  - iv. MD/MS/PG Diploma for Specialists.
  - v. Copy of Registration Certificate issued by the Medical Council of India/ J&K State Medical Council.
5. Applications not falling in the prescribed criteria or without aforesaid documents shall be rejected out rightly.
6. Candidates are advised to keep themselves updated through the website. No individual communication to the candidates shall be made in this regard.

Sd-  
Mission Director,  
NHM, J&K

**No.: SHS/NHM/J&K/HR/21218-23**

**Dated:15-01-2020**

**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 I/ II/ III/ IV)



Examination passed	Board/University	Year of passing	Marks Obtained	Total marks	% age
MBBS Ist Year					
MBBS 2nd Year					
MBBS 3 <sup>rd</sup> Year					
MBBS 4 <sup>th</sup> Year					
MBBS (Cumulative)					

8. Date of completion of internship \_\_\_\_\_
9. MCI/ State Medical council Registration No. \_\_\_\_\_
10. Experience if any:  
Duration \_\_\_\_\_ years \_\_\_\_\_ Months
11. **District opted as per order of preference.**  
a) \_\_\_\_\_ b) \_\_\_\_\_ (c) \_\_\_\_\_  
d) \_\_\_\_\_ e) \_\_\_\_\_
12. No. of Enclosures \_\_\_\_\_
13. 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 debarring me from applying in future.

Signature of applicant.