



## **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

Fax: 0194-2430359; Telephone: 2431167; e-mail: [mdnrhmjk@gmail.com](mailto:mdnrhmjk@gmail.com)

NHM Help Line for Jammu Division 18001800104: Kashmir Division 18001800102

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### **Advertisement Notice for Hiring the Services of Specialists under National Health Mission in Jammu & Kashmir Division**

Applications are invited regarding walk-in interview for hiring the services of Specialists in following streams on contractual basis, under National Health Mission, J&K for health facilities of Jammu as well as Kashmir Division

- 1. Anaesthetists**
- 2. Paediatricians**
- 3. Gynaecologists**
- 4. Ophthalmologists**
- 5. ENT Specialists**

#### **➤ 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 up to 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 **in the office of Mission Director National Health Mission J&K, Nagrota for Jammu Division & Division office, Chanapora, Srinagar for Kashmir division candidates.** The date of interview will be notified on the official website of NHM\*. The application form can be downloaded from the official website [www.jknhm.com](http://www.jknhm.com)

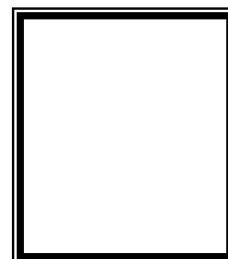
\* (The candidates are requested to keep themselves updated from website of NHM, J&K for date of interview)

Sd-  
Mission Director,  
NHM, J&K

Dated: 06/08/2018.

**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 <sup>rd</sup> Year					
MBBS 4 <sup>th</sup> Year					
MBBS (Cumulative)					
MD/MS/PG Diploma					

8. MCI/ State Medical council Registration No. \_\_\_\_\_
9. Experience if any:  
Duration \_\_\_\_\_ years \_\_\_\_\_ Months
10. No. of Enclosures \_\_\_\_\_

11. 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 debar me from applying in future.

Signature of applicant.