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: mdnrhmik@gmail.com

NHM Help Line for Jammu Division 18001800104: Kashmir Division 18001800102

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

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

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

Sd-Mission Director, NHM, J&K

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

2.	Name of Candidate					
	Parentage Date of Birth					
5.	Permanent Address					
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					
	MCI/ State Medical coun Experience if any:	cil Registration No	•			
	Duration	vears		Months		
	No. of Enclosures					
	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.						
	I have never been pros		•			by the
	police or convicted by		-		C	J
IV.	I shall accept the selection				binding or	n me.
		•				
	take that any willful con ature and debar me from a		cts shall re	sult in the ca	ancellation	n of my
				a:	ure of ar	1.

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