



MISSION DIRECTOR NATIONAL HEALTH MISSION, J&K

Jammu Office: Regional Institute of Health & Family Welfare, Nagrota, Jammu
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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 Divisions of Union Territory of Jammu & Kashmir & Medical officers (MBBS), on contractual basis, under National Health Mission, J&K, against the vacant posts in various Districts of the Jammu Division/ Kashmir Division.

1. Paediatrics.
2. Gynecology & Obstetrics.
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/ Experience	Remuneration	Selection Criteria
1.	Medical Officer (MBBS)	Qualification:- MBBS degree recognized by Medical Council of India. Age: Maximum age limit up to 65 years.	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 Note: 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 to the office of Mission Director, NHM, J&K at State Health Society, Nagrota, Jammu for Jammu Division and for Kashmir Division State Health Society, Old Secretariat, Srinagar before 5th of November-2020.

Terms & Conditions:-

1. Hiring will be purely on contractual basis. Initial contract for hiring shall be **upto 31st March 2021**, 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. Walking Interview through video Conferencing will be held on **7th of November, 2020** in the office of **State Health Society, National Health Mission at Regional Institute of Health & Family Welfare, Near Sainik School, Kandoli Nagrota, Jammu and for Kashmir Division at State Health Society, Old Secretariat, Srinagar.**
3. Application form shall also be available on the official website 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.
 - vi. Domicile Certificate/Address Proof.
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/

Dated: . . .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 1st Year					
MBBS 2nd Year					
MBBS 3 rd Year					
MBBS 4 th 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 debaring me from applying in future.

Signature of applicant.