PUC

District Health & Family Welfare

Society, Fatehabad

Advertisement No. 12/2024

WALK-IN-INTERVIEW

Date:09-12-2024

Willing and Eligible Candidates are invited to attend Walk-in-interview on every Friday of every week, (till the posts are filled) for the recruitment of following Contractual posts of Specialists in District Fatehabad under National Health Mission, Haryana. Posts are purely on contract basis for fixed period initially up to 31st March 2025 or till regular Specialist are available whichever is earlier (expandable, subject to further administrative approval and performance). The candidate shall ensure that they fulfill all the eligibility criteria required for the post.

Sr. No	Name of the Post.(Scheme)	No. of Post & Category	Place of Posting	Essential Qualification	Age Limit	Entry Level Pay(As per Service Bye Laws) or as per ROP 2024- 25
1.	Anaesthetist (MH)	UR-1	SDH Tohana - 1	Essential: I. MBBS or equivalent degree form an institution recognized by the Medical Council of India II. PG Degree /Diploma in Anaesthesia. III. Hindi /Sanskrit up to Matric.	Up to 64 Years	MBBS with MD/MS/DNB Rs. 1,50,000/- MBBS with Diploma Rs. 1,00,000/-
2.	Paediatrician (MH)	UR-2	SDH Tohana - 1 SDH Ratia - 1	Essential: (i) MBBS or equivalent drgree form an institution recognized by the Medical Council of India (ii) PG Degree /Diploma in Paediatrics (iii) Hindi /Sanskrit up to Matric.	Up to 64 Years	MBBS with MD/MS/DNB Rs. 1,50,000/- MBBS with Diploma Rs. 1,00,000/-
3.	Gynecologist (MH)	UR-2	SDH Tohana - 1 SDH Ratia - 1	Essential: I. MD/MS/DNB in Obstetrics and Gynaecology/DGO Recognized by Medical Council of India. II. Hindi /Sanskrit up to Matric.	Up to 64 Years	MBBS with MD/MS/DNB Rs. 1,50,000/- MBBS with Diploma Rs. 1,00,000/-

*UR- Un Reserved

IMPORTANT PROVISIONS / INSTRUCTIONS

- 1. The applicant must mention the details of certificates attached with application and sign the application at designated places. Candidates will number all the Papers/Documents attached with application form and mention the number of pages in the application form.
- 2. Application Format can be downloaded from the link **nhmfatehabad.org** No other formats will be accepted.
- 3. Each application must be duly signed by the applicant and self-attested certified copies of documents should be attached with application form. Self-attested photograph of the applicant must be pasted at the designated place.
- 4. Application fees Rs. 200/- for each category. Candidate should submit the above fee in the Account as detailed below:-

Account No- 100062019049

IFSC Code - INDB0000759

Accunt Holder Name - Chairman, Distt. Health & Family Welfare Society, Fatehabad (User Money)

Bank Name - INDUSIND Bank, Fatehabad Branch.

This fees is Non Refundable. Candidate should attach the 2 copies of acknowledgement slip of fee submitted by him/her with the application form.

Note- Application fee can be submitted through any UPI/Google Pay/ Paytm/Phone Pay.

Candidate will mention the name, father's name, post category and address on the remarks of UPI Payment mode (any UPI/Google Pay/ Paytm /Phone Pay)

- 5. <u>Date of Advertisement will be considered for calculation of Age</u>. The Candidate Should be below 64 Years of age.
- 6. Unsigned applications without required documents and application will be rejected.
- 7. All markings/ numbering shall be done with blue/black ball pen only.
- 8. No T.A. /D.A. will be paid to attend the interview.
- 9. Posts can be increased, decreased or withdrawn by District Authorities (Civil Surgeon, Fatehabad) without any further notice. NHM Selection Criteria shall be followed in the selection process:-

Table: A Revised Selection Criteria for the recruitment at District level.

Sr. No	Components	Weightage	Marking Pattern	
1.	Essential Basic Qualification	30	30 x percentage/ 100	
2.	Additional Relevant Post Experience (any state Govt./Semi Govt./ UT/any Govt. Board /	10	02 marks for each completed year (Maximum 10 Marks).	
	Corporation/NHM)			

- 10. Candidates applying for a post must ensure that they fulfill all the eligibility conditions. If in verification at any time before or after the appointment, it is found that applicant do not fulfill any of the eligibility condition or it is found that the information furnished is false or incorrect then their candidature/Appointment will be cancelled and selection terminated.
- 11. For any other information regarding this advertisement kindly check official web page nhmfatehabad.org time to time. No further information will be given in any newspaper.
- 12. The applicants are advised to visit the site for any change in schedule or the status of their application on website only. They are not to visit the office of undersigned or contact any person in this office for the same. Any candidate found canvassing or influencing the selection process or approaching the selection committee or any person related to the working of this shall be disqualified and his candidature rejected immediately without giving any chance. Any person or candidate found using unfair means to influence the selection process shall be debarred from selection and candidature rejected.
- 13. If at any stage it comes to the notice of selection committee that wrong information has been supplied by the candidate his selection shall be cancelled and legal proceedings shall be initiated against the candidate.
- 14. District authorities has right to correct any clerical mistake found at later stage of recruitment process. Applicant shall not claim for such clerical mistakes.
- 15. Posting Station will be allotted as per merit list.
- 16. Any additional work/placement under NHM can be assigned by appointing authority. Contract may not be renewed automatically and Civil Surgeon has the right to terminate the contract immediately if performance is found unsatisfactory.
- 17. Selected candidate shall not have any claim for regularization of his/her services based on the duties performed under this contract.
- 18. There is no provision to allow private practice after duty times or on holidays to staff recruited under NHM.
- 19. A candidate must be in good mental and physical health and free form any physical defect, which is likely to interfere with the efficient performance of the duties required for the post. The appointment shall be subjected to their being declared medically fit as per medical fitness standards followed by the Health Department.
- 20. The candidate are required to bring all original qualification certificates, relevant documents etc. and to submit the Self attested legible copies of following qualification certificates and relevant documents along with the application form on the date of walk-in:
 - (i) Valid document as a proof for date of Birth (10th Certificate/ Birth certificate)

- (ii) Degree Certificate of requisite qualification.
- (iii) PG Degree /Diploma Qualification certificate as required.
- (iv) Mark sheet of each year/Semester.
- (v) Registered as Medical Practitioner with Medical Council of India or any other State medical Council of India Union.
- (vi) Additional relevant Post's Experience (any State Govt. /Semi Govt. /UT / any Govt. Board /Corporation/NHM) will be considered. Pls specify the working on full time basis with complete details like Letter no. and date of issue, Designation, Date of Joining and Date of Resignation. The Period of experience rendered by candidate on part time basis shall not be counted while calculating the valid experience.
- (vii) Two latest passports size colored photographs.
- (viii) Candidate calming reservation should submit the copy of latest reserve category certificate issued by the competent authority as per latest Govt. instructions.
- 21. The Candidate whose Services have been terminated form any Govt./ Semi Govt./ Corporate Board on disciplinary basis will not be eligible. Person whose enquiry pending in criminal case / Fir is lodged will also be considered as not eligible.
- 22. NHM Service-Bye Laws 2018 are subjective to decision by Finance Department, Haryana/Higher Authority (Letter no- HM/ADMIN/2024/6830-51 Dated 20-11-2024).

This office reserves the right to cancel the whole recruitment process at any time at any stage without assigning the reason to the candidates.

Chairman, Executive Committee District Health & Family Welfare Society, Fatehabad

District Health & Family Welfare Society, Fatehabad

Application Form for Advertisement No.:- 12/2024 (All supporting Documents/Certificates are required to be attached with Application Form)									
Annli	ootion t			Name of the			тррисии		Y G 16
Application for Post Category No.								Latest Self Attested	
Sr. No.		Description		To be Filled by the Candidate				ute	Passport size Photo of
1.	Person	onal Information							Candidate
1.1	Name	me of the Candidate (In Capital Letters)							
1.2		Father's Name (if unmarried)/ Husband's Name (If Married)							
1.3	Date o	e of Birth (Date/Month/Year)							
1.4	Marita	arital Status (Single/Married/Other)							
1.5	Perma	Permanent Address (With PIN Code)							
1.6	Catego	tegory (Gen/SC/BC/EWS etc.)							
1.7	Mobile	lobile/Contact No.							
1.8	B E-mail Address (in capital letters)								
	<u> </u>	Academic /Professiona	ıl Qualificatio	ns (Starting fro	m Highest De	egree) (Attac	h Additio	onal Sheet, if Re	quired)
Degree/ Class/		Name of University/ Institute/		Passing Year	Status of Marks Total Obtained		%		t/Specification of diploma
Diplo	oma	Board			10141	Obtained	70		•

3. Work Experience (St.	arting from the e	ssential qualification	of the applied post) (At	ttach Additional Sheet, if Required)		
	Period of	Job		Name of Organization/Institution/Department If any from (State Govt./Semi Govt ./UT/Govt. Board/Corporation /NHM/Central Govt.)		
Designation	From	То	Gross Salary			
4. Any Other Information, the	Candidate would	like to give in support	t of her/his candidatur	e(Attach Additional Sheet, if Required)		
NOTE: - 1. NOC from present employ attached with application 2. Experience should be obt 3. I have read instructions ca	n form. tained after essen	tial qualification and re		oration/NHM/Central Govt.) should be (Signature of the Candidate)		
(To be filled by the candidate) (At	tach Additional S	heet, if Required)				
List of Document attached: - 1			7			
2		8				
3						
5						
6						
		•	Acknowledgemen	t No. of UPI		
			Payment Amount	Date of		
				Payment		
Date:				(Signature of the Candidate)		