

District Health & Family Welfare Society, Fatehabad

Advertisement No.: -01/2023

Date of Closing:-16-01-2023

DHFWS Fatehabad invites application for filling up of various vacant posts under ICTC,OST & Blood Bank under Haryana State AIDS Control Society Programme for following Health Institutions of District Fatehabad purely on contract basis initially up to 31/03/2023. The number and details of various posts are as under:

Sr. No	Institute Name	Name of Post	No of post	Essential Qualification & Experience
1	CH Tohana	Lab Technician (ICTC) Salary :- 21000/-	1 (UR)	Graduate in Medical Laboratory Technology (B.Sc):with minimum, One year experience after Graduation OR Diploma in Medical Laboratory Technology (DMLT) From Haryana Govt Approved institution with minimum 2 years experience after diploma The Candidate should be registered with Haryana Para Medical Council. <u>Experience</u> minimum two years experience after diploma <u>Desirable</u> Working Knowledge of Computer.
2	CH Fatehabad	Counsellor (Blood Bank) Salary :- 21000/-	1 (UR)	Post Graduate in Social Work/Sociology/Psychology/Anthropology/Human Development from recognized university <u>Experience</u> minimum two years experience after essential qualification. <u>Desirable</u> <ul style="list-style-type: none">• Knowledge of Computer.• Proficiency in MS Office.
3	CH Fatehabad	OST Centre Counsellor Salary :- 21000/-	1 (UR)	Bachelor Degree in Psychology/ Social Sciences/Humanities. Those who have received in training in Counselling of Drug user and prior experience of working with drug user are preferred.
4	CH Fatehabad	OST Centre Data Manager Salary :- 21000/-	1 (UR)	Should be Graduate with formal Training in Computer application .

*UR- Un Reserved

For further enquiry, terms & conditions, application fees and application form; please visit on official site of Civil Surgeon Fatehabad nhmfatehabad.org.

TERMS & CONDITIONS

1. Applications will be accepted from 02-01-2023 to dated 16-01-2023 for all the posts & should be addressed to Civil Surgeon Fatehabad, HUDA Sector-3 Fatehabad Haryana Pin-125050. Name of post, Post Cat. No. as mentioned in the advertisement should be mentioned on the envelope. The application form without having the post name and category no. of post will be rejected. Application with cutting shall also be rejected. 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. Registered post, speed post or any type of post and by hand Application forms will also be accepted on address Room no 109, 1st floor, Civil Surgeon Office, Sector 3, HUDA Polyclinic Fatehabad (Haryana)
3. Application Format can be downloaded from the link nhmfatehabad.org No other formats will be accepted.
4. Each application must be duly signed by the applicant and self-attested certified copies of documents should be attached with application form. One passport size photograph pasted on application form and three photograph of the applicant must be attached with application form.
5. Demand Draft of Rs. 200/- (non refundable) as application fees in favour of **Chairman, Distt. Health & Family Welfare Society, Fatehabad** must be attached with the application. If a candidate applies for more than one post, he/she will have to submit separate application form for each post. No cheque/cash will be accepted and the bank demand draft must be drawn between date of advertisement and closing date. Application without fees shall be rejected.
6. Candidates will mention the name, father's name, post category and address on the backside of Bank Demand Draft. It is suggested to keep the photocopy of Bank Demand Draft for future reference.
7. Post-wise Date, Time and Venue for Written Test / Proficiency Test etc will be informed on website: nhmfatehabad.org after last date of submission of application form. Applicants are requested to check the Website regularly.
8. Relevant Post's Qualification Experience (any State Govt. /Semi Govt. /UT / any Govt. Board /Corporation) will be considered.
9. Date of Advertisement will be considered for calculation of Maximum Age. Age limit for all categories is 18 to 42 years.
10. The application form with all the documents should reach in the O/o Civil Surgeon, Fatehabad up to Closing Date at 04:00 P.M. Only the following documents (1. Passport 2. Election card ID card 3. Ration card with Address 4. Bank Passbook/post office Passbook 5. Cast and Domicile Certificate with address and the photo issued by State Govt. 6. Parivar Pehchan Patra 7. Electricity Bill (not older than last three months) 8. Aadhar Card shall be accepted as proof of residence.
Note: Any three out of the above documents (No. 01 to 08) be produced at the time of recruitment.
11. Unsigned applications, applications without required documents and application received after last date will be rejected.
12. All markings/ numbering shall be done with blue/black ball pen only.
13. No separate information will be sent to the candidates for the written test & interview. No T.A. /D.A. will be paid to attend the written test, computer test & interview.
14. Posts can be increased, decreased or withdrawn by Authorities without any further notice. Selection Criteria may be downloaded from nhmfatehabad.org website
15. Candidates applying for a post must ensure that they fulfill all the eligibility conditions on the last date of application. If in verification at any time before or after the written examination or interview or 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.
16. If a Candidate has passed his/her education from Private/Deemed University then he/she has to submit UGC approved certificate for University and Course for the period of concerned year of passing.
17. 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.

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18. 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.
19. Any applicant having his relative posted in the department must inform beforehand about the same. Concealing of any information shall debar the candidate from selection process and his candidature rejected.
20. 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 instituted against the candidate.
21. District authorities has right to correct any clerical mistake found at later stage of recruitment process. Applicant shall not claim for such clerical mistakes.
22. Posting Station will be allotted as per merit list.
23. Any additional work/placement under ICTC, OST, Blood Bank 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.
24. Selected candidate shall not have any claim for regularization of his/her services based on the duties performed under this contract.
25. There is no provision to allow private practice after duty times or on holidays to staff recruited under Haryana State Aids Control Society.
26. All posts are non transferable but candidate can be posted anywhere in the District Fatehabad in case of exigencies.
27. Candidate must have good character. No any court case/FIR/misconduct should be pending against candidates. If found such his/her candidature will be rejected at any time.

District Health & Family Welfare Society, Fatehabad

Application Form for Advertisement No.:- 1/2023

(All supporting Documents/Certificates are required to be attached with Application Form)

Sr. No.	Description	To be Filled by the Candidate				
Application for	Post Category No.	Name of the Post			Latest Passport sized attested Photo	
1.	Personal Information					
1.1	Name of the Candidate(In Capital Letters)					
1.2	Father's Name(if unmarried)/ Husband's Name (If Married)					
1.3	Date of Birth(Date/Month/Year)					
1.4	Marital Status (Single/Married/Other)					
1.5	Permanent Address (With PIN Code)					
1.6	Category (Gen/SC/BC/EWS etc.)					
1.7	Mobile/Contact No.					
1.	E-mail Address (in capital letters)					
Academic /Professional Qualifications (Starting from Highest Degree) (Attach Additional Sheet, if Required)						
Degree / Class	Name of University/ Institute/ Board	Passing Year	Status of Marks			Name of Subject Studied
			Total	Obtained	%	
3.	Work Experience (Starting from the latest) (Attach Additional Sheet, if Required)					
Designation(From Latest Job)	Period of Job		Gross Salary	Name of Organization/Institution/Department		
	From	To				
4.	Any Other Information, the Candidate would like to give in support of her/his candidature(Attach Additional Sheet if Required)					
5.	Weather any relative working in Health Department	Yes/No	If yes Name	Name Health Institution:-		

Declaration:

All information given in the Application Form is correct and true to the best of my knowledge. My candidature may be rejected, if found any information incorrect/false/misleading and any Civil/Criminal legal action can be taken against me for this.

Date: (Signature of the Candidate)

(To be filled by the candidate) (Attach Additional Sheet, if Required)

List of Document attached:-

- 1.....
- 2.....
- 3.....
- 4.....
- 5.....
- 6.....

- 7.....
- 8.....
- 9.....

Bank Draft No	Amount
Name of Bank	Date of DD

Date: (Signature of the Candidate)