

District Health & Family Welfare Society, Fatehabad

Advertisement No. 07/2024

Date: 26-07-2024

Haryana State AIDS Control Society (HSACS) Fatehabad invites application for filling up of vacant post in OST Centre under AIDS Control Programme for Civil Hospital Fatehabad of District Fatehabad purely on contract basis initially up to 31/03/2025. The number and details of this post is as under:

Cat. No.	Name of Post	Name of Scheme	No. of Post & Place of Posting	Salary per month	Qualification (Essential & Desirable)
01	ANM	AIDS Control Programme	01 (Un reserved) CH Fatehabad	18,000/- P.M.	Essential: (i) ANM (ii) Diploma in nursing/B.Sc nursing will be preferred.

IMPORTANT PROVISIONS / INSTRUCTIONS

- Applications will be accepted upto dated 12.08.2024 at 05:00 PM for the above post & should be addressed to Room no. 109, 1st Floor, Civil Surgeon Office, Sector-3, HUDA Polyclinic Fatehabad Haryana Pin-125050. Name of post should be mentioned on the envelope. The application form without having the post name 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. Candidate should mention numbering on all the Pages/Documents attached with application form and mention the total number of pages in the application form as well.
- Application forms will be accepted only by hand and registered post. But should be received upto 12.08.2024 at 5:00 P.M.
- Application Format can be downloaded from the link nhmfatehabad.org No other formats will be accepted.
- 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.
- 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. 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.
- 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.
- Relevant Post's Qualification Experience (any State Govt. /Semi Govt. /UT / any Govt. Board /Corporation) will be considered.
- Date of Advertisement will be considered for calculation of Maximum Age.** Age limit for the above post is 18 to 42 years.
- The application form with all the documents should reach in the O/o Civil Surgeon, Fatehabad up to Closing Date at 5:00 P.M. Only the following documents (1. Passport 2. Voter ID card 3. Ration card with Address 4. **Cast and Domicile Certificate with address and the photo issued by State Govt.** 5. Parivar Pehchan Patra (PPP) 6. **Electricity Bill (not older than last three months)** shall be accepted as proof of residence.
Note: Any three out of the above documents (No. 01 to 06) be produced at the time of recruitment.
- Unsigned applications without required documents and application received after last date will be rejected.
- All markings/ numbering shall be done with blue/black ball pen only.
- Posts can be increased, decreased or withdrawn by District Authorities (Civil Surgeon, Fatehabad) without any further notice. HSACS Selection Criteria shall be followed in the selection process as per letter received from Project Director, Haryana State AIDS Control Society, Panchkula vide their office letter no HSACS/Estt./2024/358-379 dated 14-06-2024
- Candidates applying for a post must ensure that they fulfill all the eligibility conditions on the last date of application. If it is found that applicant does not fulfill any of the eligibility condition or information given by Candidate is false or incorrect then their candidature/Appointment will be cancelled and selection terminated.

14. 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. If case of certificates/experience/documents found false/incorrect then selection will be rejected at any stage.
15. 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.
16. 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 reason. Any person or candidate found using unfair means to influence the selection process shall be debarred from selection and candidature rejected.
17. 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.
18. 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.
19. No further opportunity will be given to candidates after due date for completion of documents.
20. Any additional work/placement under HSACS 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.
21. Selected candidate shall not have any claim for regularization of his/her services based on the duties performed under this contract.
22. There is no provision to allow private practice after duty times or on holidays to staff recruited under this programme.
23. The candidates whose services have been terminated from 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.
24. District authorities has right to correct any clerical mistake found at later stage of recruitment process. Applicant shall not claim for such clerical mistakes.

District Health & Family Welfare Society, Fatehabad

Application Form for Advertisement No.:- 07/2024

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

To be Filled by the Candidate

Application for the Post		Latest Passport size 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	% or CGPA	

3. Work Experience (Should be Govt./Semi Govt. also salary should be mentioned) (Attach certificate)

Designation /Job Role	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)

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5. Weather any relative working in Health Department	Yes/No	If yes Name	Name Health Institution:-
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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)