

**District Health Society Poonch**  
(Vice Chairman District Health Society)  
**National Health Mission**  
**Office of Chief Medical Officer Poonch**

District Poonch-185101 Tele/Fax-01965-220111 E-mail:-dpmupoo@gmail.com

ADVERTISEMENT NOTICE 03 OF 2021.

Dated:15/05/21

Applications are invited regarding walk-in interview for hiring the services of 09 Medical Officer (MBBS)05Nos of Lab Technician ,Pharmacist,MMPHW,FMPHW for District Poonch on contractual basis, under National Health Mission,(NHM)J&K, for Covid-19 Emergency Response and Health System Preparedness Package(ECRP) for a period of 03 months further extendable upto 06 months.The detail of different post is mentioned below as Annexure "A"

**Annexure "A"**

Item No.	Category	No of posts	Eligibility Criteria	Monthly Remuneration	Selection Criteria	Period Of Engagement
01	Medical Officer (MBBS)	09	<b>Qualification:</b> MBBS degree recognized by Medical Council of India. <b>Age: Maximum age limit up to 65 years</b>	34,200pm	(i) MBBS - 80 Points (ii) Viva-voce-20points <b>Note:</b> Item (i) on Pro-rata basis.	Initially for a period of 3 months extendable up to 6 month
02	Lab Tech/ Pharmacist FMPHW/ MMPHW	05	<b>For Lab Technician:</b> Matric with Diploma in Lab Assistant from SMF or any other recognized institute. Age: upto 45 years <b>For Pharmacist:</b> 10+2 with Diploma in pharmacy training course from SMF or any other recognized institute. Age: upto 45 years <b>For FMPHW/MMPHW:</b> Matric with Diploma in FMPHW/MMPHW training course from SMF or any other recognized institute. Age: upto 45 years	12000/- Per Month	<b>For Lab Technician:</b> i)Matric =30 points ii)12 <sup>th</sup> = 30 points iii)Diploma in Lab Technician =40 <b>Total 100 points</b> <b>For Pharmacist:</b> 1)10 <sup>th</sup> =30 points ii)12 <sup>th</sup> = 30 points iii)Diploma in pharmacist=40 <b>Total 100 points</b> <b>FMPHW/MMPHW:</b> i)Matric=30 Points Diploma in ii)FMPHW/MMPHW=70 points Total=100 points	Initially for a period of 3 months extendable up to 6 month

Interested Candidates should bring filled application form along with the self-attested photo copies of the documents mentioned under terms & conditions on the day of walk-in interview on 22/05/21 to 24/05/21 in the office of Chief Medical Officer (Vice Chairman District Health Society) Poonch.



## Terms & Conditions.

1. Hiring will be purely on contractual basis and for a period of three months extendable upto 6 month under Emergency Response and Health System Preparedness Package (ECRP).
2. Interview will be held on **22 may-2021 to 24 may 2021** in the office of **Chief Medical Officer Poonch.**
3. Application form shall also be available on the official website of NIC Poonch
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. Copy of Registration Certificate issued by the Medical Council of India/ J&K State Medical Council.
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.

Enclosure (2)

**Dr Gulam Ahmed Malik,**  
**Chief Medical Officer**  
**Vice Chairman District Health Society**  
**Poonch**

**No.: CMO/P/NHM/ACTT/148-155**

**Dated:15-05-2021**

Copy to the:-

- 1 Director Health Services Jammu for information.
- 2 Mission Director NRHM, Nagrota, Jammu for information.
- 3 Chairman District Health Society Poonch for inf information
- 4 Joint Director Information J&K Jammu for information with the request to publish the advertisement in at least two leading newspaper.
- ✓ 5 District Information Officer Poonch for inf information with the request to publish the advertisement in at least two leading newspaper.
- 6 Assistant Director, All India Radio, Poonch with the request to broadcast the advertisement in news bulletin at least for three days.
- 7 Deputy Director Employment Poonch for information.
- 8 Office Record

**APPLICATION FORM FOR HIRING OF MEDICAL OFFICER(MBBS) 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 <sup>rd</sup> Year					
MBBS 4 <sup>th</sup> Year					
MBBS (Cumulative)					

8. Date of completion of internship \_\_\_\_\_
9. MCI/ State Medical council Registration No. \_\_\_\_\_
10. Experience if any:  
Duration \_\_\_\_\_ years \_\_\_\_\_ Months
11. No. of Enclosures \_\_\_\_\_

12. 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.

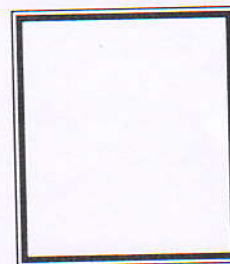
I undertake that any willful concealment of the facts shall result in the cancellation of my candidature and debaring me from applying in future.

*(Handwritten signature in green ink)*

Signature of applicant.

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

13. Post applied for. \_\_\_\_\_  
 14. Name of Candidate \_\_\_\_\_  
 15. Parentage \_\_\_\_\_  
 16. Date of Birth \_\_\_\_\_  
 17. Permanent Address \_\_\_\_\_  
 18. E-mail/ Contact No. \_\_\_\_\_  
 19. Details of Qualification)



Examination passed	Board/University	Year of passing	Marks Obtained	Total marks	%age
10 <sup>th</sup>					
12 <sup>th</sup>					
Diploma					
Any other					

20. Date of completion \_\_\_\_\_  
 21. State Medical council Registration No. \_\_\_\_\_  
 22. Experience if any:  
 Duration \_\_\_\_\_ years \_\_\_\_\_ Months

23. No. of Enclosures \_\_\_\_\_

24. I do hereby declare that

V. The Statement in this application is true to the best of my knowledge and belief.

VI. I have never been debarred from appearing at any examination/ interview.

VII. I have never been prosecuted or involved in any criminal case registered by the police or convicted by the criminal court.

VIII. 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 debarring me from applying in future.

Signature of applicant.