Govt.Medical College & Hospital Miraj & Sangli

(Website: www.sangli.gov.in/www.sangli.nic.in)

Notice for Engagement of Positions on Contract Basis

Under

National AIDS Control Program (NACP-IV)

Advt. Date: 18.01.2020

Last date of submit application: 01.02.2020

Dean, Govt. Medical college & Hospital Miraj & Sangli invites application from eligible candidates for the following post for their appointment on contract basis under Maharashtra State AIDS Control Society, Wadala, Mumbai (MSACS), Wadala, Mumbai.

Sr.	Name of the Posts	No. of Vacancies	Eligibility Criteria	Consolidated Monthly Remuneration
1	Lab Technician Designated Viral Load Labs, GMC Miraj	01	 B.Sc Biotechnology OR Graduate in Medical Laboratory Technology OR Diploma in Medical Laboratory Technology (DMLT) 01 year experience in a molecular diagnostic laboratory for Graduate in Science. 02 years experience in a molecular diagnostic laboratory for those with diploma in MLT Candidate with experience of working in NABL accredited or applied lab will be preferred. 	Rs.20,000/-

The guidelines, eligibility criteria, application forms etc. are as following.

❖ Age: Upper age limit is 60 years as on date of Advertisement. Continuation will be applicable up to 62 years for contractual service.

Appointment type:

The above-mentioned posts are temporary & purely on contract basis. While recruiting the post, initially the appointment will be given for 3 months as probation period and further continuation will be given upon successful completion of probation periods and performance evaluation. The Project Director, MSACS, Mumbai reserves the right for further continuation of the candidate.

***** Remuneration:

Allowances like T.A., D.A., and H.R.A. etc. are not admissible except consolidated monthly remuneration.

❖ How to apply:

- 1) Interested candidates may apply in prescribed application form with a recent passport size photographs and a set of attested photocopies of testimonials/certificates/ID proof etc.
- 2) The application is to be submit on A4 size paper only.
- 3) Applications can be either sent through registered/speed post or can be submitted in person in the office of the "DAPCU, Civil Surgeon office P. V. P. Govt. Hospital Sangli"

- on all working days between the advertised date and closing date where the candidate(s) wish to apply.
- 4) Last date for submit the application is 1st Feb. 2020 applications received after this date will not be considered.
- 5) All further correspondence will be done only by email. (Exam. Hall Ticket, Call letters etc.). So, all candidates applying are required to write their personnel email ID and contact number on application correctly and neatly in the application form.
- 6) Candidate should apply separately for each post.
- 7) After scrutinizing, the applications received in due date, short-listed candidates will be called for written examination / interview.
- 8) Candidates must be possessing DMLT from Govt recognized institute and He/She should be registered in Maharashtra Paramedical council according to MPC/act No VI of 2016.

Other Important Notes:

- 1) Candidates who have been discontinued based on poor performance and Candidates who are retired from Government Services and against whom disciplinary action is completed OR initiated will not be eligible any above post.
- 2) Project Director, MSACS, Mumbai reserves the right to cancel the recruitment, modify the number of posts, etc.
- 3) Canvassing in any way will lead to disqualification of the concerned candidate.

Sd/Dean,
Govt.Medical College & Hospital,
Miraj & Sangli

Application Format

Maĥ	ect Director, arashtra State AIDS Cor alal (W), Mumbai - 31.	ntrol Societ	y,			Passport Size Photo to be signed by the candidate
1.	Application for the Po	ost :				
2.	Candidates Name	:				
3.	Date of Birth	:	Surname	First Name	Mic	ldle Name
4.	Correspondence Add			Years		•
5.	Permanent Address	:				
6.	E-mail ID	:				_
7.	Tel. No. /Mobile No.	:				
8.	Working knowledge	of compute	er (MS Office e	etc.) :	Yes	No
10.	Educational Qualifica	tion :-				
Sr. No.	Educational Qualification	Name University		Percentage	Grad	e
11.	Experience Details :-			l		
Sr. No.	Name of the office wo	orked Des	signation	Period	Natu	re of work

12. Whether doing Private Practice: Yes/No. (If Yes. Please fill the details given below	12.	Whether	doing .	Private	Practice:	Yes/	/No.	(If Ye	es. Pleas	e fill	the	details	given	below	')
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Sr.	Name of the Hospital/	Time: F	rom	To	Address of the	Nature of work
No.	Dispensary.				Hospital/Disp	
					nry.	

(The	above table should be fille	d by candidates who i	s practitioner doct	or)
13.	Any Other Special Quali	fication :-		
Date	:			

Candidates Name & Signature

Place: