



Government of India

GOVERNMENT OF INDIA
LAKSHADWEEP ADMINISTRATION
(DIRECTORATE OF HEALTH SERVICES)
KAVARATTI 682555

F.No.5/2/2019-DHS/1013

Dated: 21.08.2019

EMPLOYMENT NOTICE

The Department of Health Services, U.T of Lakshadweep, Kavaratti invites applications from the qualified local candidates from Lakshadweep for the contractual engagement of **Medical Officer (Ayurveda and Homoeopathy)** on the following terms and conditions. The details of the posts, monthly remuneration (consolidated), Educational qualifications and other eligibility criteria required are as shown in **Annexure – A**.

- I. The number of posts to be filled up on the basis of this contract recruitment is subject to change /addition/deletion by the Administration without any notice, depending upon administrative exigencies or decision or discretion of the Administration at any stage of engagement procedure.
- II. PERIOD OF ENGAGEMENT: The contractual engagement is for a period of ONE YEAR. The renewal or fresh contract will be decided by the Appointing authority based on the performance in the job. The said engagement on contractual basis may be terminated at any time by a month's notice given by either side and without assigning any reason.
- III. SELECTION CRITERIA : Selection will be made on the basis of Academic merit and Personal Interview.
- IV. JOB REQUIREMENTS: The selected candidate would be assigned the work in any of the Islands of Lakshadweep as and when required. The place of the duty will be decided by the Appointing authority.
- V. The selected candidate would neither have any right nor claim for regular service on the basis of contractual engagement. No Travelling allowance will be allowed for joining.
- VI. The selected candidates shall be eligible only for two and half days leave on completion of 30 days and No other kind of leave will be admissible for the selected candidates except maternity leave.

Contd.

VII. HOW TO APPLY: Interested candidates may submit their application in the prescribed format as enclosed (**Annexure- B**) with attested copies of certificates with mark lists, proof of age, Educational Qualification, Schedule Tribe Certificate etc to the Director of Health Services, U.T of Lakshadweep, Kavaratti **on or before 20.09.2019, 5.00 pm**. The applications received without relevant documents and after due date and time will not be entertained. The department will not be responsible for any postal delay.

VIII. Applicants may visit www.lakshadweep.nic.in for information and updates.

IX. The candidate can contact Office of the Director of Health Services during office hours over phone No. 04896- 262089 for more information.

This issues with the approval of Hon'ble Administrator, U.T of Lakshadweep vide Diary No.2601 dated 09.08.2019.



(DR.K.SHAMSUDHEEN)
DIRECTOR HEALTH SERVICES

To

1. The Notice Board in Office
2. The director IPR with request to publish in the next edition of L.T

Copy to:

1. The Web Coordinator to upload in Lakshadweep web site
2. The DC/SDO in all Islands with request to give wide publicity.
3. The Medical Officer i/c of all Islands with request to publish in the Notice board.

ANNEXURE – A

SCHEDULE

Sl. No.	Name of the Post	No. of Post	Monthly remuneration (consolidated)	Age Limit	Qualification
1	Medical Officer (Ayurveda)	2	Rs.40,000/-	40 yrs	BAMS degree Plus Internship from a recognized institution with Registration in Medical Council.
2.	Medical Officer (Homoeo)	2	Rs.40,000/-	40 yrs	BHMS degree Plus Internship from a recognized institution with Registration in Medical Council

**APPLICATION FOR FILLING UP OF MEDICAL OFFICERS (AYURVEDA /
HOMOEOPATHY) ON CONTRACT UNDER DEPARTMENT OF HEALTH SERVICES
KAVARATTI VIDE EMPLOYMENT NOTICE F.NO. 5/2/2019-DHS DATED 21.08.2019**

(To be filled in capital letters with ball point pen only)

(FOR OFFICE USE ONLY)

Date of receipt of application	
Application Number	
Remarks if any	

(TO BE FILLED BY CANDIDATE)

1. Name of the Post for which candidate applied for :
2. Name of the candidate :
3. Name of Father/Mother :
4. Date of Birth and age as on closing date of the notification :
5. Community(OBC/SC/ST) :
6. Place of Birth and Nativity :
7. Permanent address :
8. Address for communication (including e-mail id and contact number) :

Details of educational qualification

Sl.No	Qualification	% of Marks	Name of the institution	Year of pass
1.				
2.				

Declaration: I do hereby affirm that all the information stated above is true and correct to the best of my knowledge and belief and if any information found wrong / incorrect at any stage my candidature will liable to be rejected at any time without assigning any reason thereof.

Place :

Date :

Name & Signature