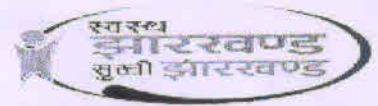


स्वास्थ्य निदेशालय

झारखण्ड, राँची



Department of Health & Family Welfare, Namkum, Ranchi – 834010,
Phone: 0651-2261000, 2261856 & 2261002, Mail id: nrhmjharkhand3@gmail.com

Recruitment Notice for Medical Officer

Advt No. – 01/2017 (MO)

Department of Health and Family Welfare, Govt. of Jharkhand invites application form suitable candidates for post of medical officer on contractual basis for various district wise vacant positions. The Applicants are requested to come with their updated Bio-data in attached format alongwith self attested photocopy of MBBS marksheets, Internship Completion Certificate, Permanent Registration Certificate with MCI/State Medical Council and caste certificate and 2 passport size photographs. Details of the district wise positions, remuneration, and numbers of post, desired qualification and experiences are mentioned herein below:

| Sl. No | Positions | Desired Qualification & Experience | Remuneration (Rs. /month) |
|--------|-----------------|--|---------------------------|
| 1. | MEDICAL OFFICER | Essential Qualification: a) MBBS or equivalent degree from institutions recognized by Medical Council of India b) Must have completed compulsory internship. | 51000/- per month |

Maximum Age limit as below (as on 1st August 2017).

| S.No. | Category | Maximum Age (in years) | For Divyang Candidates |
|-------|--|------------------------|------------------------|
| 1. | UNRESERVED | 35 | 40 |
| 2. | Backward Class – 1 and Backward Class-2 | 37 | 42 |
| 3. | Schedule Cast / Schedule Tribe (Male / Female) | 40 | 45 |
| 4. | Unreserved, Backward Class (I & II) – Female | 38 | 43 |

Vacancy Details :

| S.No. | Category | No. of post | Female | Sports quota | नि:शक्त जन (3%) | | |
|-------|-------------------------------|-------------|--------|--------------|------------------|---------------|------------------------------|
| | | | | | अधापन/ कम दृष्टि | श्रवण अशक्तता | चलन अशक्तता/ संरेब्रल पाल्सी |
| 1 | Unreserved | 158 | 16 | 6 | 0 | 0 | 9 |
| 2 | ST (4 Primitive Tribal Caste) | 82 | | | | | |
| 3 | SC | 32 | | | | | |
| 4 | BC-1 | 25 | | | | | |
| 5 | BC-2 | 19 | | | | | |
| Total | | 316 | | | | | |

Note: UR – Un-Reserved, ST – Scheduled Tribe, SC – Scheduled Caste, BC-I – Backward Class (Annexure-1), BC-II – Backward Class (Annexure-2)

Districwise Vacancy

| S.No. | District | Vacant Post | S.No. | District | Vacant Post |
|-------|----------|-------------|-------|-----------|-------------|
| 1. | CHATRA | 15 | 8. | SAHEBGANJ | 22 |

| | | | | | |
|----|---------|----|-----|----------------|----|
| 2. | DHANBAD | 38 | 9. | SIMDEGA | 14 |
| 3. | DUMKA | 47 | 10. | WEST SINGHBHUM | 23 |
| 4. | GARHWA | 44 | 11. | BOKARO | 11 |
| 5. | GIRIDIH | 28 | 12. | GODDA | 13 |
| 6. | JAMTARA | 19 | 13. | HAZARIBAGH | 12 |
| 7. | PALAMAU | 20 | 14. | PAKUR | 10 |

| | |
|--|---|
| Venue for certificate verification: | Health Directorate, Department of Health & Family Welfare, GVI Campus, Namkum, Ranchi-10. |
| Date of certificate verification | Date : 6.11.17 to 10.11.17..... |
| Time of Reporting & Registration for the Document Screening: | 10.30 a.m. – 11.30 a.m. Candidates are requested to report latest by 11.30 a.m. |

General information and Instructions:

- I. The appointment would be purely on contractual basis for a period of one year, renewable at end of term, subject to satisfactory performance. Any claim for absorption at the regular position in the department shall not be entertained in future. .
- II. The appointment will be done for a particular district and there will no inter district transfer.
- III. Interested candidates, fulfilling the eligibility criteria may apply for the post with their detailed resume in the prescribed format alongwith self attested photocopy of qualification and marks sheets and two passport size photographs as mentioned before.
- IV. Department reserves the right to cancel any or all positions at any stage of recruitment process. Number of Vacant position may vary as per requirement.
- V. At any stage of recruitment if it is found that candidate does not fulfill the eligibility criteria and/or that he/she has furnished incorrect/false information/certificate/documents or has suppressed any material fact(s), his/her candidature will stand cancelled. The decision of the government in any matter relating to the recruitment at any stage of the recruitment process will be final and binding upon the candidates.
- VI. No correspondence or personal queries in this regard shall be entertained.
- VII. No TA/DA will be paid to the candidates for appearing in the interview.
- VIII. Reservation policy of Govt. of Jharkhand will be applicable. Candidates who are claiming reservation in their respective category (ST, SC, BC-I & BC-II) have to submit their Caste Certificate in latest prescribed Performa reference of Dept. of Personnel, Admin. Reforms & Rajbhasa, Govt. of Jharkhand issued by SDM/ DC of Jharkhand state.
- IX. All legal disputes and arbitration will be settled in the court of law, Ranchi jurisdiction, Jharkhand.
- X. Details can be seen and Prescribed Performa may be downloaded from following websites-
www.jharkhand.gov.in/ www.jrhms.jharkhand.gov.in.

S. Singh
5/11/17

Director in Chief,
Department of Health & Family Welfare, Govt. of Jharkhand

Paste recent
passport size
photograph duly
signed by the
candidate

Format for Application

N.B.- Candidates should fill in the application form in his/her own hand writing.

INCOMPLETE APPLICATION OR APPLICATION WITH DEFECT IN ANY RESPECT WILL BE REJECTED.

Advertisement Number: _____

Post Applied for: _____

1. Candidate Details

| | | | |
|---|--|------------------------------|--|
| First name | | Middle Name | |
| Last Name | | Gender (M/F) | |
| Father's Name | | Mother's Name | |
| Date of birth | | Nationality | |
| Category ¹ (Gen/SC/ST/OBC) | | State of Domicile | |
| Physically Challenged ² (Y/N) | | Mobile No. | |
| Email | | Phone No. (with STD Code) | |

Note: in case of:

1. In case of reserved category, copy of caste certificate issued by SDM/DC of the State of Jharkhand to be enclosed.
2. Physically Challenged category, certificate issued by appropriate authority should be enclosed.

2. Address

| Correspondence address | Permanent address |
|-----------------------------------|-------------------|
| Recent complete address with PIN. | |

3. Education Qualification:

- i. All Educational Qualification starting from highest qualification up to Matriculation to be mentioned.

190

- ii. Copy of duly signed certificate and mark-sheet of each qualification is to be enclosed.
- iii. In case of GPA, please enclose the appropriate GPA conversion table.

| Examination Passed | Board/University | Passing Year | %of marks/ GPA |
|--------------------|------------------|--------------|----------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

(Duly signed copy of Certificates & Testimonials should be enclosed)

4. Work Experience:

Note: Please do not mention experience gained as a volunteer. Start from most recent experience. If you have worked in more than one area/post within the same organization, please enter the details separately. Add more rows to the column if required.

| Sl No | Name of Organization | Designation & Area of Experience | Experience | |
|-------|----------------------|----------------------------------|------------|----|
| | | | From | To |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

6. List of enclosures: List of certificates and mark-sheet enclosed is to be mentioned in the table below.

| Sl. No. | Details of the particulars enclosed | No. of Page/s |
|----------------------------|-------------------------------------|---------------|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |
| 6. | | |
| 7. | | |
| Total No of pages enclosed | | |

Certification:

I, the undersigned, certify that to the best of my knowledge & belief the above mentioned details correctly describe my qualification, experience and myself.

Date

Place

Candidate's Signature