**NATIONAL HEALTH MISSION**  
**HIMACHAL PRADESH**  

**Advertisement No. 001/2020**

The National Health Mission invites applications from desirous and eligible candidates for the following posts:-

<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>Name of Post</th>
<th>Qualification</th>
<th>No. of posts</th>
<th>Category</th>
<th>Monthly remuneration</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Epidemiologist</td>
<td>MBBS/BDS with MPH</td>
<td>1</td>
<td>UR</td>
<td>40,000/-</td>
</tr>
<tr>
<td>2</td>
<td>Entomologist</td>
<td>Post Graduate in Entomologist</td>
<td>1</td>
<td>UR</td>
<td>40,000/-</td>
</tr>
<tr>
<td>3</td>
<td>Consultants</td>
<td>MBBS/BDS with MPH</td>
<td>17</td>
<td>SC=2</td>
<td>40,000</td>
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2. The appointment against these posts will be purely on contract basis initially for a period one year, which can be extended further subject to satisfactory performance and requirement of the Deptt. as well as approval of the GOI for the same.

3. This appointment shall be subject to medical fitness from a Medical Board constituted for this purpose by the Govt of Himachal Pradesh.

4. The contract of appointment can be terminated from either side with one month’s notice or in lieu of one month’s salary thereof.

5. Unsatisfactory services, misconduct or remaining on unauthorised absence from duty will result in removal/termination from service forthwith.

6. No residential accommodation will be provided from the State Govt. Department pool.

7. One day casual Leave per month will be admissible, which can be accumulated up to December and thereafter will lapse, if not availed.

8. He/She will not be entitled for any other kind of leave except maternity leave as per the rules instructions of the State Govt. issued from time to time.

9. It will be a full time job. No part time employment/private practice will be allowed.

10. A Contractual agreement shall have to be executed with the Department on Non-judicial Papers of Rs. 5/- duly attested by the Executive Magistrate/Public Notary before joining the post.

11. The candidate will not claim his/her rights for seniority, regularization and confirmation of his/her services.

12. All original relevant documents will be verified at the time of joining.

13. Any document(s) made available alongwith online application, if subsequently found to be false/forged, the services will be terminated at once without serving any notice.

14. The candidate is required to serve in any part of the State.

15. The candidates should be in the age group of 18-45 years. Relaxable upto 5 years in case of SC/ST candidates.

16. The online interview will be conducted on **17.4.2020**
Online applications should be submitted through email at recruitmentnhm2020@gmail.com with copy at ddnrhmhp@gmail.com on or before 16.4.2020 upto 5 PM. The applications (scanned copies) shall be submitted as per the format attached and scanned copies of all relevant documents must accompany the application on email. The applications after the cut off time and date shall not be entertained.
APPLICATION FORM

FOR THE POSTS OF Epidemiologist, Entomologist and Consultants Under National Health Mission HP Shimla on contract basis

PERSONAL INFORMATION

1. Name (in Capital letters): __________________________
2. Father’s Name: __________________________
3. Date of Birth:
4. Sex Male ☐ Female ☐
6. Address for Correspondence: __________________________
   __________________________
7. Permanent Address: __________________________
   __________________________
   __________________________

email ID and Mobile No. _________________________________

Academic and Professional Qualification

<table>
<thead>
<tr>
<th>Institution</th>
<th>Affiliation/Recognition</th>
<th>Qualification acquired</th>
<th>Marks obtained(%)</th>
</tr>
</thead>
<tbody>
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Space for passport photograph
Experience, if any

<table>
<thead>
<tr>
<th>Name of Institution</th>
<th>From</th>
<th>To</th>
<th>Total period</th>
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Checklist for certificates to be scanned and sent along with application form through email:

I. Matriculations
II. Graduation
III. Post graduation
IV. Reserve category certificate (Where applicable)

DECLARATION

I ____________________________(Name of Candidate) do hereby solemnly affirm and verify that the above information given by me is correct and I understand and accept that providing false information deliberately, could result in termination of my services without any notice.

Signature of

Place: _______________________

Date: _______________________

Name: _______________________