



दरम 19 हज री द्दक जकव; वकक; वफक; कु ftYgk , dkrEd vjkK; dYq dY;k k l k; Vh/Ks



जकव; वकक; वफक; कु/Ks COVID - 19 ; k l k k k k ; k veyctko.kP; k vudk kus fjDr vlyY; k inkph inHkjr h ifdzk [kyhy rDR; ke/; s n'ktoY; kie.k.s daKkVh o djkj in/rhus eku/ku rRokoj [kyhy inkd kbh fkv eyk[kr vk; kstr dj.; kr ; s vkgS

VACANT POST COVID-19 RECRUITMENT				
SR. NO.	POST NAME	EDUCATIONAL QUALIFICATION	SALARY	POST
1	Physician	MD Medicine	75000+performance	2
2	Medical Officer	MBBS	60000	19
3	AYUSH MO	BAMS/BUMS	30000	8
TOTAL				29

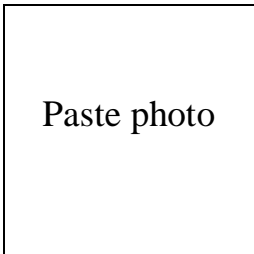
vVh o 'krH&

- 1) bPNq mesokjkph fn- 17\$08\$2020 jksth ldkGh oG 9-00rs 11 njE;ku eG dlxni_kph Nkkuuh djU rnuarj mesokjkps fuoM dj.; kl kbh leqnsku dj.; kr ; bZy- mesokjkph fuoM R; k; k 'kfk.kd vgzP; k xqkdkadkj dj.; kr ; bZy- R; kudkj miflFkrh njE;ku lkr fnyY; k foghr ued; krhy vtZo tghjkrhr ueq dY; kie.k.s vko'; d 'kfk.kd vgzkps eG o >kj k l d k k h d lxni_k l g miflFkr jgkos
- 2) inklekj ueq eku/ku gs ,df_kr eku/ku vl q R; kO; frfjDr brj dskrgh HkRrsns jkg.kj ukgh-
- 3) djksuk fo"kk.kq (COVID - 19) inkdko y{kr ?k k mnd ln; ifjlfkrh gkrkG.; kl kbh COVID Care Centre (CCC), Dedicated COVID Health Centre (DCHC), Dedicated COVID Hospital (DCH) ; k l b f k e / ; s l o k f u o r d e p k j h s v f / k d k j h ; k p h i k / k u ; d e k u s f u ; o r h d j . ; k r ; b Z y -
- 4) mijDr inkd kbh mijDr tfgjkrhe/; sueq dSY; k inkdjhrk vif{kr mesokj miyC/k u >ky; kl COVID - 19 ; k l k k k k k ; k o ; o l f k i u k d j h r k l n j h y i n s H k j . k s v k o ' ; d v l Y ; k u s m D r ' k f k . k d v g z k / k j d ' k l d h ; l o s u l o k f u o r m e s o k j g s l n j i n k d j h r k i k j k g k r h y -
- 5) l k e l u ; i z k l u f o H k k x] e a k y ; e q b z ; k p s f n u k a l 25 , f i y 2016 p s ' k l u f u . k z k l v u d j u v t z d j . ; k p ; k ' k o v p ; k f n u k a l m e s o k j k p s f d e k u o ; 18 o " k o d e k y o ; [k ; k i o x k l k b h 38 o " k o e k x k l o x h z d j h r k 43 o " k j k g h y - o s d h ; v f / k d k j h (, e - c h - c h , l -) o f o ' k s k l a j h r k r l p o s d h ; v f / k d k j h (c h , - , e - , l -) ; k p s d e k y o ; [k ; k i o x k l k b h 38 o " k o e k x k l o x h z d j h r k 43 o " k j k g h y - r l p l o k f u o r o s d h ; v f / k d k j h ; k p h o ; k e ; k h k 70 o " k a s k d e h v l k o h r l p b r j i n k ; k l o k f u o r v f / k d k j h s d e p k j h ; k p h l o k i o s k o l o k l e k r i h p h o ; k e ; k h k 65 o " k b r d h v l q] o ; 60 f d o k R ; k i s k v f / k d o ; k p ; k m e s o k j k a h f t Y g k ' k y ; f p f d R l d ; k p s l m q i t r d s y s ' k j h j h d n = v k l { k e v l Y ; k p s i e k . k i _ k v t k l k r t k l . k s c a l u d k j d j k g h y -

- 6) ojhy loZ ins dakh LojGkph o ,df_kr eku/kukph vI covid-19 ;k lfkjckp;k dkyko/kh igrkp vIY;ku; lfk deh >kY;kl fdok jQ.ky;krhy covid-19 mipkj d{k cm >kY;kl lnjhy ue.kp vki/s/ki laqVkr ;bzy- R;klkBh 1 efgl;kph uk/hl fnyh tk.kj ukgh ;kph ukm ?;koh-
- 7) ojhy ueq insgh jkt; 'kkl ukph insul fuoG dakh LojGkph ins vkgr- lnj inkoy 'kkl dh; l oiek.ksvlysysfu;e vVh o 'krhZ ;kckcrpk gDd o nok jkg.kj ukgh rlp ;k inklkBh 'kkl ukps l ok fu;e ykxwukghr-
- 8) vtzhkj gk laf/kr inklkBh 'kkjhhd o ekufld n=V;k l {ke vl kok rlp vtzhkjfojOn dskrgh i oenkh xqk nk[ky >kysy ulkok- 'kkjhhd o ekufld n=V;k l {ke vIY;kckcrps iek.ki_k ftYgk 'kY; fpdfRld ;kps eki ikr djQ ?;kos
- 9) dskul ydMhy ukm.kckcr vFkok brj dskR;kgh dxni_kph vlysh oSkrrk gh pkyw dkyko/khrhy vl koh- rFkih o; iek.ki_k ulys;k menokjk vk vtZvikk Bjfo.;kr ;bzy-
- 10) vtzhkjyk dakh dkyko/khr R;kps l bZd kj fBdk.k cny feG.;kph ex.kh djrk ;skj ukgh-
- 11) vtzhkiah vkiY;k vtZj R;k;k l /;k l jQ vlysy ekckbzy uaj o bley vk;Mh vpa ukkok- rlp rshkrhifdz;k iqz gk; ; l fkrhr jkghy ;kph n{krk ?;koh-
- 12) Hkrh ifdz;snjE;ku T;k&T;k menokjk clyfo.;kr ;bzy R;k&R;k oSh R;k;k Lo[kpZus miflFkr jkgkosyxsy- rlp lnj miflFkrhdjhrk dskrgh eku/ku vFkok iokl [kpZns jkg.kj ukgh-
- 13) eyk[krhl miflFkr jgrkuk foghr ueq;krhy vtZkr loZ 'k{k.khd dxni_k; o;kpk igkokl inoh\$infodk 'kVP;k o"kkh iek.ki_k xqkif_kdkl dsklhy jftLV\$ku iek.ki_k (As Applicable)] 'kkl dh;\$fue'kkl dh; l fke/;sdsy;k dkepsvuko iek.ki_k bR;koh dxni_kslknj djkoh-
- 14) fuoM >kysy;k menokjk djki_krhy vVh ekd; vIY;kckcr jQ100\$& ckM isjoj djjukek inkoy jQwgs-kuk lnj djkok yxsy-
- 15) fuoM >kysy;k menokjk fu;Qrh vnsk feGW;ki kl 7 fno l e/;s fu;Qrhps fBdk.kh jQwgsks cakudkd jkghy vU;Fk R;kph fu;Qrh vnsk laqVkr vk.km] ifr{kf/ku ;khrhy iqhy menokjk fu;Qrh ns;kr ;bzy-
- 16) mijkr vko';d dxni_kd g ;'korjko pOgk.k l Hkxg ftYgk ifj"kn /kGs ;k miflFkr jkgos
- 17) Hkrh ifdz;p laqz vf/kdkjh] ins deh&tkr dj.k; Hkrh ifdz;k jne dj.k; vVh o 'krhZ/;s cny dj.k; inLFkiuB;k fBdk.ke/;s cny dj.k; bR;knh loZ vf/kdkj gs ;k dk;k; kps vI fuoM ifd;s dskR;kgh {k.kh cny dj.;kps vf/kdkjh ek-eq; dk;Zkjh vf/kdkjh]ftYgk ijh"kn]/kGs ;kjh jk[kp Boyys vkgr- rlp MBBS Medical Officer miyC/k u >kY;kl AYUSH MO uk ik/kU; ns;kr ;bzy-

& Lok[kjh
 eq; dk;Zkjh vf/kdkjh
 ftYgk ijh"kn]/kGs

Covid-19 Recruitment on Temporary Basis
Application Form
Applying District Name- DHULE
Post Name-



(All fields in the forms are mandatory to be filled an Incomplete form submitted will be treated as rejected)

Name:		
Father's/Husband's Name:		
Date of Birth(DD/MM/YYYY)	Blood Group:	Gender:
Marital status :	Existing NHM Employee (Yes/ No)	Nationality:
Original Category :	Applying for Category:	Caste Certificate Attached : Yes/No

Address/Contact Details: (Name of the District and Pin code is compulsory)

Address(Present):	Address (permanent):(Write same if same as Present Address)
State	State
Pin:	Pin:
Contact No:	Contact No:
E-Mail Id Correspondence:	

Computer Proficiency:

Academic /Professional Educational all summary: (Starting form most recent)

From (MM/YY)	TO (MM/YY)	Degree/Diploma	University/Institute	Specialization/Subjects	Final Year Total Marks & Obtained Marks	Final Year Percentage (%)

Permanent Work Council Registration No: (As Applicable) (MO/SN/Pharmacist,etc) :-

Work/Experience Summary :(Starting form current/most recent)

Experience in NHM (Experience of BVG will not be counted)

Sr. No	Form (MM/YY)	To (MM/YY)	Organization	Designation	Responsibilities (Min.30 & Max.50 Words)
Total Experience (In Years & Months):				Relevant Experience to the post applied (In Years & Months):	

Declaration:

I hereby declare that all statements made in the application are true, Complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found untrue/false/incorrect or I do satisfy the eligibility criteria my candidature will be cancelled, without assigning any reason thereof. I have read the content of the advertisement and agree to abide by the rules, regulations and procedures for appointment to the post applied for.

Name:

Place:

Date

Signature

Disclaimer:

The applicants are required to submit the full filled application on the day of walk in Interview

Checklist for documents (PDF) to be submitted through E-mail

- 1) Full filled Application form in the prescribed format.
- 2) For MO/SN/Pharmacist Valid registration certificate.(As Applicable) If not renewed, renewal receipt.
- 3) For age Proof – School Leaving Certificate/ 10th or 12 th Passing Certificate
- 4) Diploma, Degree & Master Degree – Only submit Last Year Certificate and Marksheet**
- 5) If any post-graduation, Post-graduation certificate
- 6) Experience – Experience certificate as per mention in the form
- 7) Computer Proficiency - MS- CIT/ DOEACC Course- for the Post of Data entry oprator if applicable.