राष्ट्रीय नागरी आरोग्य अभियान

नागरी प्राथमिक आरोग्य केंद्र भद्रावती

जाहिरात (सन २०२५-२६)

राष्ट्रीय नागरी आरोग्य अभियान अंतर्गत नागरी प्राथमिक आरोग्य केंद्र भद्रावती येथे १५ वा वित्त आयोग अंतर्गत पॉलिक्लिनीक सेवा सुरु करण्याकरीता खालील तक्त्यामध्ये दर्शवल्या प्रमाणे खालील रिक्त पदासाठी पात्र उमेदवारांकडून अर्ज मागविण्यात येत आहे.

| Sr. No. | Name of Post | Education/Qualification | No. of Post | |
|---------|---------------------------|---------------------------|-------------|--|
| 1 | Physician | MD Medicine / DNB | 1 1 | |
| 2 | Obstetrics & Gynecologist | MD / MS Gyn / DGO / DNB | | |
| 3 | Psychiatrist | MD Psyshiatry / DPM / DNB | 11 | |
| 4 | ENT Specialist | MD ENT / DORL / DNB | 1 | |
| - | 4 | | | |

- १. Physician, Obstetrics & Gynecologist या तज्ञ डॉक्टरांनी आठवड्यांतुन एकदा ठराविक दिवशी सेवा देणे आवश्यक आहे. व Psychiatrist, ENT Specialist या तज्ञ डॉक्टरांनी १५ दिवसातुन एकदा ठराविक दिवशी सेवा देणे आवश्यक आहे.
- २. पार्ट टाईम डॉक्टर यांची सेवा दुपारी ०१.०० ते ०५.०० वाजेपर्यंत एकुण चार तासाकरीता राहील.
- ३. सदर पदाकरीता रुपये :- २,०००/- निश्चित मानधन आणि रुपये :- १००/- प्रति रुग्ण याप्रमाणे जास्तीत जास्त प्रति विझिट रुपये :- ५,०००/- प्रमाणे देय राहील.

वरील पदाकरीता मा. सहसंचालक (तांत्रिक) रा.आ.अ. मुंबई यांचे पत्र क. राआस/राकाव्य/१५th F.C / पॉलिक्लिनीक/मार्गदर्शक सुचना/१४८२२७-६३५/२३, दिनांक :- १५ फेब्रुवारीः २०२३ अन्वये अटी व शर्ती राहतील.

अर्जीचा नमुना https://chanda.nic.in आणि https://zpchandrapur.maharashtra.gov.in/en या संकेत स्थळावर उपलब्ध आहे.

आवश्यक कागदपत्रासह अर्ज स्विकारण्याची तारीख दिनांक :-28/10/२०२५ पासुन दिनांक :- 7/41/२०२५ साय. ०५.०० वाजेपर्यंत राहील व तालुका आरोग्य अधिकारी कार्यालय भद्रावती येथे स्विकारण्यास येथित. त्यानंतर प्राप्त होणारे अर्ज स्विकृत करण्यात येणार नाही यांची उमेदवारांनी नोंद घ्यावी.

सदस्य सचिव

नगरपालिका स्तर पदभरती समिती तथा तालुका आरोग्य अधिकारी तालुका भद्रावती Signed by Pulkit Singh

Date: 13-10-2025 08:52:38

अध्यक्ष

नगरपालिका स्तर पदभरती समिती तथा मुख्य कार्यकारी अधिकारी जिल्हा परिषद, चंद्रपुर



National Health Mission 2025-26

Taluka Health Office, Bhadrawati



APPLICATION FORM

(All fields in the forms are mandatory to be filled. An incomplete form submitted will be treated as rejected.)

| institute Subjects Total | Name of Post | Applied fo | r : | | | | | | | |
|--|----------------|--------------|-------------|--------------|----------------|-------------|---------------------------------------|-------------------|-----------|----------|
| Address (Contact Details : State : State : Pin : Contact No : Contact No : E-mail Id for Correspondence : Bank Name D.D. Number D.D. Date Amount Computer proficiency: Academic/Professional Education Summary : (Starting from most recent) From TO Degree/Diploma University/ Specialization/ GMM/YY Specialization/ Total Marks % of the District and Pin code is compulsory Category : | ull Name of | Candidate : | | | | | | | | |
| Address (Contact Details: (Name of the District and Pin code is compulsory) Address (present): Address (present): Address (present): Address (present): State: Pin: Contact No: E-mail Id for Correspondence: Bank Name D.D. Number Demand Draft Details: Bank Name D.D. Number D.D. Date Amount Computer proficiency: Academic/Professional Education Summary: (Starting from most recent) From TO Degree/Diploma University/ Institute Subjects Total Marks % 6 | ather's / Hus | band's Nan | ne : | | | | | | | |
| Address / Contact Details : (Name of the District and Pin code is compulsory) Address (present): Address (present): Address (present): Address (premanent) : (write same if same as present Address) State : Pin : Contact No : Contact No : E-mail Id for Correspondence : Bank Name D.D. Number D.D. Date Amount Demand Draft Details : Computer proficiency: Academic/Professional Education Summary : (Starting from most recent) From TO Degree/Diploma University/ Institute Subjects Total Marks % of the District and Pin code is compulsory) Category : | ate of Birth | (DD/MM/Y | YYY): | Blood | d Group : | C | ender : | | | |
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| (write same if same as present Address) State: Pin: Contact No: E-mail Id for Correspondence: Bank Name D.D. Number D.D. Date Amount Computer proficiency: Academic/Professional Education Summary: (Starting from most recent) From TO Degree/Diploma University/ Specialization/ Subjects Total Marks % of MANYYY (MM/YY) | Address/ Con | tact Details | : (Name of | the Di | strict and Pi | n cod | e is compulsory) | | | |
| Pin: Contact No: E-mail Id for Correspondence: Bank Name D.D. Number Demand Draft Details: Computer proficiency: Academic/Professional Education Summary: (Starting from most recent) From TO Degree/Diploma University/ Specialization/ Subjects Total Marks % of Contact No: Contact No: Contact No: Alternate E-mail Id for correspondence (If any): Amount D.D. Date Amount Computer proficiency: Compute | Address (pres | sent): | | | | Add (wri | ress (permanent) te same if same a | : as present A | Address) | |
| Pin: Contact No: E-mail Id for Correspondence: Alternate E-mail Id for correspondence (If any): Bank Name D.D. Number D.D. Date Amount Computer proficiency: Computer proficiency: Academic/Professional Education Summary: (Starting from most recent) From TO Degree/Diploma University/ Specialization/ Final year ADM/YY) (MM/YY) Total Marks % 6 | State : | | | | | Stat | e: | | | |
| E-mail Id for Correspondence : Alternate E-mail Id for correspondence (If any): Demand Draft Details : Bank Name D.D. Number D.D. Date Amount | | | | | | Pin: | | | | |
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| From TO Degree/Diploma University Subjects Total Marks % of | Academic/P | rofessional | Education ! | Summa | ary : (Startin | ng from | | | | SP. |
| Marks obtained ivial | | | Degree/Dip | oloma | | - | | Total Marks | | % of |
| | | | | | | | | | | |

Work / Experience Summary : (Staring from Current / most recent)

| Sr. No. | From (MM/YY) | TO (MM/YY) | Organization | Designation | Responsibilities (Min. 30 and Max. 50 Words) |
|------------|-----------------|---------------|--------------|-----------------|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | L | | D. L Francismon | to the post applied (in years & |
| Tota | 1 Experience | (In Years & | Months): | Months): | to the post apparer (*) |

| Details of Internship / Workshops / Conferences | / Trainings | Attended (If any |): |
|---|-------------|------------------|----|
| | | | |

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 not 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.

| Place: | Signature: | |
|--------|--------------------|--|
| Date : | Name of Candidate: | |

Disclaimer:

The applicants are required to submit the duly filled application on or before the due date and time, failing which the application of the said applicant shall be treated as non-responsive. NHM shall not be responsible for late receipt or non-receipt of application/s for any technical reason or whatsoever. The applications received after due date and time shall not be considered.