

NOTICE FOR RECRUITMENT

The State Health & Family Welfare Society, Tripura is going to fill up 1 (one) number of vacant post in Specialist Doctor (Physician/ Consultant Medicine) for First Referral Unit (FRU) under NHM, Tripura, on contractual and fixed pay basis from the candidates who are permanently residing in Tripura, through Walk-in-Interview scheduled to be held on 18th August, 2022. The engagement will be initially for a period of 1(one) year, which may further be extended annually, based on performance, till the completion of the project. The details of the post is given below:-

Sl.	Name of the post	Salary per month (Rs.)	Vacancy details				Eligibility criteria
			UR	ST	SC	Total	
1	Specialist Doctor (Physician/ Consultant Medicine) for FRU	Rs.1,00,000/-	1	0	0	1	<ul style="list-style-type: none">M.D. in Medicine or DNB in internal Medicine, recognized by Medical Council of India.Preference will be given to the candidates having 3 (three) years of experience.

Instructions:

1. The time for Registration of candidates, who are willing to appear in the interview, is from 11.00 AM till 12:00 Noon at the Training Hall No-II, 3rd Floor, O/o the MD, NHM, Palace Compound, Agartala.
2. T.A. & D.A. will not be admissible for appearing in the Walk-in-Interview.
3. The upper age limit is 65 years as on 31st July, 2022, for all category of candidates.
4. The candidates selected for the above mentioned post, will not be allowed for private practice and a self-declaration needs to be signed by the selected candidate, before joining his/her service.
5. The selected candidate will have to perform their duties for a minimum of 06 to 08 hours in a day.
6. Interested candidates are requested to appear before the Interview Board at the VC Room, 3rd Floor, O/o MD NHM along with his/her Bio-data as per the prescribed format (Format Enclosed) and all original documents with two copies of recent Passport Size Colour Photograph.
7. Self-attested photocopy of the following documents needs to be submitted: (a) Copies of qualification (Mark Sheet & Pass certificate), (b) Permanent Registration Certificate from Medical Council of India/ State Medical Council, (c) Caste Certificate (for reserved categories), (d) Permanent Resident Certificate of Tripura (PRTC), (e) Age Proof (Madhyamik Admit Card)/ 10th Standard Board Admit Card, (f) Photo ID with address (Aadhar card/ Driving license/ Voter ID)
8. Name of the short listed candidate will be published in the official website of NHM (<http://tripuranrhm.gov.in/>) in due course of time.
9. The in-service Candidates (State Govt. or Society) are not allowed for the said post.
10. The number of post may increase / decrease any point of time during the recruitment procedure or even the entire recruitment process may be cancelled anytime without assigning any reason.
11. Further correspondence in this regard, will be notified in the official website of NHM. (<http://tripuranrhm.gov.in/>).


(Subhasis Das, TCS, SSG)

Mission Director, NHM
(Addl. Secretary, H & FW Deptt.)
Government of Tripura

Advertisement No:

To
The Mission Director
National Health Mission,
Govt. of Tripura,
Palace Compound
Agartala, Tripura (West)

Self-attested
Colour Photo

1. Name of the post applied for :-
[IN BLOCK LETTER]
2. Name of the candidate :-
3. Father's/Husband's name :-
4. Nationality :-
(attach photocopy Permanent Resident Certificate /Citizenship Certificate)
5. Permanent Address with Pin Code :-
(attach photocopy address proof certificate)
6. Postal address for communication :-
with Pin Code
7. Contact No. & valid e-mail ID (if any) :-
8. Date of Birth :-
(DD/MM/YYYY)
9. Gender :-
(Male / Female)
10. Caste, if belongs to SC / ST community :-
(Yes / No, If 'Yes' Attach photocopy Caste Certificates)
11. Education Qualification :-
(Attach photocopy of all relevant mark sheets)

Sl. No	Name of the Examination / Parameters	Name of Recognized University	Total Marks obtained	Percentage of marks	Year of Passing
1.	1 ST Professional MBBS				
2.	2 nd Professional MBBS				
3.	3 rd Professional MBBS (Part-I)				
4.	3 rd Professional MBBS (Part-II)				
5.	Marks Obtained in Post Graduate Exam.				

12. Registration No (MCI/State Medical Council):-
13. Experience **(if any attach supporting document/s) :-**

Declaration: I hereby declare that, all the information given above is true to the best of my knowledge, if any of the above information is found to be incorrect at a later stage, I shall be liable to be disqualified and removed from the service after selection/joining.

(Signature of the candidate)