

Lucrative Salary on **"YOU QUOTE-WE PAY"** Model

The second round of interview will be held on **26th May 2023** (Friday) • Positions are purely contractual under NHM, Uttarakhand

For more information & application procedure, please check www.nhm.uk.gov.in or Contact : 9412080703

National Health Mission, Uttarakhand

क्र0 सं0	जनपद	चिकित्सालय का नाम	सर्जन	फिजीशियन	आथो० सर्जन	नेत्र सर्जन	एनैस्थैटिस्ट	रेडियोलोजिस्ट	पैथोलोजिस्ट	ई0एन0टी0 सर्जन	बालरोग विशेषज्ञ	स्त्रीरोग विशेषज्ञ
1	हरिद्वार	उप जिला चिकि०, हरिद्वार	1	1	0	0	0 .	. 1	0	0	1	0
		उप जिला चिकि०, रूड़की	: 0	1	0	0	0	1	0	1	0	0
2	चमोली	जिला चिकि० गोपेश्वर	0	0	0	0	0	1	0	0	0	1
		महिला चिकि०, सिमली, चमोली	1	1	1	0	- 1	1	0	0	0	1
		उप जिला चिकि०, कर्णप्रयाग	1	1	0	1	0	1	0	1	•1	· 1
3	रूद्रप्रयाग	जि0चिकि० रूद्रप्रयाग	0	1	0	0	0	1	0	0	0	0
4	टिहरी	उप जिला चिकि०, नरेन्द्र नगर	0	0	0	0	0	1	0	0	0	1
5	उत्तरकाशी	जि0चिकि०, उत्तरकाशी	0	0	0	0	0	0	0	0	0	0
6	पौड़ी	उप जिला चिकि०, कोटद्वार	0	1	0	0	0	0	0	0	0	1
7	उधमसिंह नगर	उप जिला चिकि०, काशीपुर	0	1	0	0	0	0	0	0	0	0
		उप जिला चिकि०, खटीमा	0	0	0	0	0	0	0	1	0	1
		उप जिला चिकि०, बाजपुर	1	1	1	0	0	0	1	1	1	1
		सामुदायिक स्वास्थ्य केन्द्र, सितारगंज	1	1	0	0	1	· 1	0	0	1	1
8	अल्मोड़ा	उप जिला चिकि०, रानीखेत	0	0	0	0	0	0	0	1	0	1
9	पिथौरागढ़	जिला चिकि0, पिथौरागढ़	0	0 *	0	0	0	0	0	0	0	0
		उप जिला चिकि०, धारचूला	0	1	1	1	0	1	1	0	1	1
10		जिला चिकि0, चम्पावत	0	1	0	0	0	0	0	0	0	1
		उप जिला चिकि०, टकनपुर	0	1	0	0	0	1	1	1	0	1
		उप जिला चिकि०, लोहाघाट	0	1	0	0	0	0	0	1	0	1
		योग उत्तराखण्ड	5	13	3	2	2	10	3	7	5	13

आई०पी०एच०एस० मानकानुसार उत्तराखण्ड राज्य में जिला चिकित्सालय एवं उप जिला चिकित्सालयों में विशेषज्ञ चिकित्सकों के रिक्ति पदों की स्थिति :--

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Details for advertisement published on 09 May 2023

For Selection of Specialist Doctors on "You Quote, We Pay" basis

National Health Mission, Uttarakhand invites eligible candidates for the following positions of Specialists to work in Himalayan state of Uttarakhand:-

Sr. No.	Specialists Required	Eligibility	Facilities/Location	
1	Obstetrician			
1	&Gynaecologist			
2	Paediatrician	MBBS with PG degree/ Diploma from		
3	Anaesthetist		Unloaded on website	
4	Radiologist			
5	General Surgeon	any MCI recognized institution in	Uploaded on website	
6	Ortho Surgeon	related speciality	<u>www.nhm.uk.gov.in</u>	
7	Physician			
8	Pathologist			
9	ENT Surgeon			
10	Eye Surgeon			

Note - On Selection, candidate has to apply for registration with Uttarakhand Medical Council

Date & time for interview	26 May, 2023 at 10:00 AM (Reporting time is 09:30 AM)					
<i>Venue for the interview</i>	The Office of Mission Director, National Health Mission, 3 rd Floor, Directorate of Health, Sahastradhara Road, Dehradun - 248001, Uttarakhand					
Contact number (for details)	941208703 (available on all working days between 10:00 am to 05:00 pm)					

Instructions and guidelines to be followed for submitting the proposal/ quote:- Please read carefully and follow the instructions and guidelines below for engaging yourself in specified facilities as Specialist Doctor.

- 1. Maximum age limit for the recruitment in lieu of this advertisement is 65 years, however relaxation in age upto 70 years may be given on case to case basis, as per decision of selection committee and approval of Executive Committee.
- 2. The venue of the interview :- <u>The Office of Mission Director, National Health Mission, 3rd</u> <u>Floor, Directorate of Health, Sahaastradhara Road, Dehradun - 248001, Uttarakhand</u>
- **3.** The second round of interviews <u>will be conducted on 26 May, 2023.</u> <u>Candidate must be</u> <u>present physically for interview on 26 May 2023 at the above address by 09:30 AM.</u>
- 4. The eligible candidate, wishing to appear for interview, must submit his/ her proposal <u>on</u> <u>the day of interview</u> in closed envelope in the prescribed format (uploaded on website) with all the required documents and declarations mandatorily.
- 5. Candidate must fill the prescribed format and submit the documents for their detailed CV, Education (degree/ diploma), Mark sheets, document for registration, and certificate for working experience along with the said format.
- 6. Candidate must submit a self declaration for Medical Fitness.
- 7. Candidate must submit/ enclose an Affidavit for No litigation/ legal case pending in the court of law and of not employed in Regular Cadre Service/ Bonded category service with the proposal. The affidavit is to be submitted on a non-judicial stamp paper of Rs 10/-
- 8. <u>Candidate has to submit a self declaration in the enclosed prescribed format for being in</u> <u>clinical practice/ performing surgeries.</u>
- 9. If the candidate is employed in Regular Cadre Service/ Bonded Category Service, then Candidate has to submit a No Objection Certificate (NOC) from the concerned

<u>department/ competent authority, mandatorily. In case of non-submission of same,</u> <u>the candidate will not be allowed to appear for the interview.</u>

- 10. Candidate must submit proposal/ quote prices for three facilities.
- 11. Proposals/ Quotes received from the candidate must be clear and shall be in closed and sealed envelope.
- 12. Proposals/ Quotes submitted by the candidate shall be acceptable only if they fulfil eligibility criteria as prescribed.
- 13. Facility wise and Speciality wise shortlisting will be done as per selection criteria including but not limited to qualifications, working experience and near past work done. The decision of the selection committee will be final in this regard.
- 14. The lowest financial proposal/ quote from eligible candidate shall be offered the quoted facility. In case of similar quoted rates, NHM, Uttarakhand will decide allocation on the criteria based in the following descending order:
 - a) Degree (preference shall be given over Diploma)
 - b) Number of years of Experience
 - c) Experience of near past
- 15. If the Lowest proposal/ quote is unable to join the allotted facility then NHM-UK will allot the facility to the next proposer (higher than lowest) and this process will continue till the position is filled up or no. of proposals/ quotes exhaust.
- 16. However, the meritorious candidate even with higher financial quote may also be selected by the committee, so constituted as quality of services being the prime concern.
- 17. NHM-UK will reserve the right to reject any lowest quoted proposal without assigning reason and selection cannot be treated as matter of right by the candidate.
- 18. NHM-UK will execute agreement for **11 months.** If the selected candidate wants to discontinue they have to intimate with prior **ONE month** notice or they can discontinue services by depositing **ONE month** salary in advance.
- 19. If at any juncture NHM-UK finds the service of selected candidate is not satisfactory then NHM-UK can annul the agreement by giving one month prior notice or one month advance salary to the selected candidate.
- 20. The selected candidate has to provide their services as per prescribed TOR and defined responsibilities. Performance evaluation will be done on completion of 06 months of services.
- 21. NHM-UK will have the liberty for further extension on mutual consent of the both parties.
- 22. This advertisement can be cancelled at any point of time without assigning any reason thereof.
- 23. The number of posts/facilities can be increased/decreased/changed at any point of time.
- 24. This selection will be for the posts on contractual basis and no claim for regular appointment will be admissible.
- 25. Allotted facility will be non transferable. In case of transfer/ posting of Specialist in regular service under DoMHFW, the candidate working on contractual basis, may be offered to choose another facility, so listed on completion of tenure of service contract. The decision of the selection committee will be final and binding in this case.
- 26. District wise List of facilities for recruitment is uploaded on website www.nhm.uk.gov.in

Proposal Format

Post Applied For	:	
Name of the candidate	:	
Date of Birth	:	
Mobile No.	:	
Email id	:	
Facility/ Place of Post Applied	:	1
		2
		3
PG Degree/Diploma (if any)	:	
Specialization of PG Degree	:	
Permanent Address	:	
	:	

	Registration No. and council	:		
		:		
	Skills/Training (if any)	:		
	Total Marks (including all MBBS)		. out of marks	
	Details of working experience : (Plo	ease att	ach your detailed CV/ Resu	ime also)
	Name of Organization	:		
	Post	:		
	Since when	:	From date	. To date
	No. of years of working	:		
	Name of Organization	:		
	Post	:		
	Since when	:	From date	. To date
	No. of years of working	:		
	<u>References (Mandatory to fill) -</u>			
1.	Name of the person			-
	Phone no.		Email id ·	
	Phone no		Email iu	
2.	Name of the person			-
	Phone no		Email id :	

(Full Signature of the candidate)

Financial Proposal

Post Applied for :		
Facility/ Place Applied for:-		Rate per month (INR)
1		
(Rate/ Amount in wor	ds -)
2		
(Rate/ Amount in wor	ds -)
3		
 (Rate/ Amount in work	ds - <u>Declaration</u>)
I hereby declare that the above	re particulars are true and bonafide.	
(Full Signature of the candidat	e)	
Name		
Mobile No		

On a Non Judicial stamp paper of Rs 10/-

AFFIDAVIT

I,	• • • • • • • • • • • • • • • • • • • •		Son/Daughter	ofaged		
aboutyears,	resident	of		do		
hereby solemnly affirm/state on oath as under:-						

- 1. I have submitted my application for the post of Specialist Doctors in pursuance of advertisement dated 09.05.2023 published by National Health Mission, Uttarakhand.
- 2. I declare that there is no any disciplinary case reported or pending or contemplated against myself in the previous organization and no Legal cases reported or pending or contemplated anywhere in India.
- 3. I hereby confirm that I am not employed in Regular Cadre Service/ Bonded Category Service with any government organization. In case of being employed in Regular Cadre Service/ Bonded Category Service, I am submitting NoC issued by the organization as well.
- 4. I hereby declare that all the statements made in the application are complete, true and correct to the best of my knowledge and belief. In the event of my information being found false or incorrect or I am detected ineligible before or after the selection, I am liable to be dismissed from the service.

Place.....

Date.....

Signature of Deponent

VERIFICATION