## No.A.11011/01/2015 Nut & IDD Government of India M/o Health & Family Welfare Directorate General of Health Services Nirman Bhavan, New Delhi

## Walk-in-Interview

A Walk -in- Interview for the position Consultant (Medical) purely on contract basis under National Iodine Deficiency Control Programme (NIDDCP) in the Directorate General of Health Services, M/o Health & Family Welfare will be held on 21<sup>st</sup> September, 2015 in the chamber of Dr. B. D. Athani, Special DGHS, Directorate General of Health Services, Room No: 439-A wing, 4<sup>th</sup> floor, Nirman Bhavan, New Delhi. The eligibility for the above position is as under:

Qualification: Medical-MBBS Degree with PG Diploma in Community Medicine/ Health

Education /Social Sciences

Desirable: 2 years in development, planning and implementation, monitoring and evaluation of national programme.

Age: Below 65 years

Remuneration: Rs.60,000/- per month

For application format may please visit Ministry of Health Family Welfare website (<u>http://www.mohfw.nic.in</u>). Interested and eligible candidates can also send their CV in advance through email <u>gupta.devesh@nic.in</u>. Candidates appearing for the interview should carry the duly-filled application form and all relevant documents in original together with self attested copies in the support of their candidature for the position. Registration of candidates and scrutiny of credentials starts at 10.00 a.m. No registration after 11.00 a.m. Interview of eligible candidates will start at 11.00 a.m.

(L.THAHGEN) Director (LT)

## Directorate General of Health Services Nirman Bhawan, New Delhi

Application for the position Consultant (Medical) under NIDDCP in the Directorate General of Health Services, M/o H&FW:

> Affix passport size photograph self attested

- 1. Name in full (capital letters)
- 2. Sex
- 3. Age & Date of Birth
- 4. Marital status
- **`5.** Address for communication :
- 6. Permanent Address
- 7. Mobile No. & E-mail :
- 8. Particular of exam passed (MBBS Onwards) :

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Name of Examination	Class/Division	Year of Passing	Institute/College attended	University
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9. Experience after essential qualification :

10. Medical Registration Number & Place of Registration:

11. Any other information :

12. List of enclosures :

<u>Declaration</u>: I solemnly declare that the above statement made by me is correct to the best of knowledge and belief.

Signature of Candidate