



NATIONAL HEALTH MISSION (AROYAKERALAM) MALAPPURAM
APPLICATION INVITED FOR THE POST OF MEDICAL OFFICER (RNTC
PROGRAMME) UNDER DH&FWS, MALAPPURAM


Name of Post	MEDICAL OFFICER (RNTCP)
Qualification	MBBS with Medical Council registration
Age	Maximum 67 years as on 01.04.2017
Method of Recruitment	Contract basis
Vacancy	2(Two)
Salary	Rs. 36250/-

TERMS AND CONDITIONS

1. Interested candidates meeting above eligibility criteria may apply in the prescribed format to the **District Programme Manager, National Health Mission (Arogyakeralam), B3 Block, Civil Station, Malappuram - 676505** on or before **08/05/2017(Monday) at 4.00 PM.**
2. Application should accompany self attested copies of relevant documents (Qualifications, Experience, Age etc....).
3. Recruitment will be initially for a period of 3 months, which may be extended based on performance of the candidate. The individuals appointed under NHM on contract basis, will have to enter into a contract with Society.
4. The maximum age limit will be 67 years as on 01.04.2017.
5. Candidates should produce original certificates at the time of interview.
6. Selection will be based on qualifications and performance in the written test/ interview.
7. Candidates who have attended regular classes in colleges under recognized universities/Institution need only apply.
8. The posts are temporary in nature during the period of operation of the mission.
9. Applications without copies of certificates/ qualifications etc. will be rejected.
10. No TA/DA will be paid for the interview.

Contact No: 0483-2730313




District Programme Manager
Arogyakeralam (NHM), Malappuram



APPLICATION FORM

1	Name of the post applied	
2	Name of the Candidate (In capital letter)	
3	Age & Date of Birth (dd/mm/yyyy)	
4	Gender	
5	Full Address with pin code	
6	a) Land line no	
	b) Mobile phone no	
7	Email Address	
8	Aadhar No.	
9	PAN No.	
10	Marital status	
11	Religion and Caste	

Educational Qualification

Course	University/Board	College/Institution	Total % of Marks scored	Year of Passing

Work experience:

Institution	Period		Designation	Work description
	from	to		

Declaration

I hereby declare that the above furnished details are true and correct to the best of my knowledge.

Candidate's Signature with date