

No. DPSU/ 6701/2017/TVPM

Office of the District Health & Family Welfare Society,  
W & C Hospital Compound Thycaud, Trivandrum  
Dtd:18.12.2017, Ph.No: 0471-2321288

**NHM Contract Appointment - Applications Invited**

National Health Mission is decided to appoint the following categories of staffs on Contract basis in Trivandrum district, as detailed below.

Sl. No.	Name of Post	Qualification and Experience	Age limit on 31-12-2017	Remuneration	No. of Vacancy
1	Clinical Psychologist	M Phil in Clinical Psychology/ PGDCP and RCI Registration	40	Rs.19240/-	2
2	Staff Nurse	B Sc/GNM Midwifery Certificate(Kerala Nurse and Midwives Kerala Registration)	40	Rs.13900/-	5
3	School Health Nurse	B Sc/GNM Midwifery Certificate(Kerala Nurse and Midwives Kerala Registration)	40	Rs.11620/-	5
4	Quality Assurance Officer	MHA(Master of Hospital Administration) or equivalent qualification(M Sc in Hospital Management) with 2 years post qualification in hospitals or quality assurance in health care	40	Rs.20000/-	1

Eligible candidates are requested to submit their applications in the prescribed format available in the Arogyakeralam Website and submit the application with copies of certificates in this office on or before 27-12-2017, 5 PM.

For Category 2 & 3 recruitment will be made through written test and Interview and Published single rank list. High rank will be posted in the basic pay of Rs.13900/- and Lower rank will be posted Rs.11620/- subject to the availability of vacancies.

Written Examination/Walk-In-Interview Venue, Date and Time will be intimated to the applicants with Arogyakeralam Website as well as Malayalam Dailies.

For more details 0471-2321288, website: www.arogyakeralam.gov.in



  
District Programme Manager  
Arogyakeralam, Thycaud  
Trivandrum



**DISTRICT HEALTH & FAMILY WELFARE SOCIETY, THYCAUD, TRIVANDRUM**

**Application for Staff Nurse/School Health Nurse on Contract basis**

To be filled by the Candidate

Sl.No.

Name	
Male/Female	
Age and Date of Birth	
Address to which communication are to be sent	
Tel/Mob Number	
Email id	

Passport size photograph with signature
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**Qualification:**

Degree/Diploma	Year of Passing	Institution/University

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

Place

Signature:

Date:

Name:



**DISTRICT HEALTH & FAMILY WELFARE SOCIETY, THYCAUD, TRIVANDRUM**

**Application of Clinical Psychologist on Contract basis**

To be filled by the Candidate

Sl.No.

Name	
Male/Female	
Age and Date of Birth	
Address to which communication are to be sent	
Tel/Mob Number	
Email id	

Passport size photograph with signature
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**Qualification:**

Degree/Diploma	Year of Passing	Institution/University

**Experience**

Institution -Govt./Pvt	Period	From	To

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

Place

Signature:

Date:

Name:



**DISTRICT HEALTH & FAMILY WELFARE SOCIETY, THYCAUD, TRIVANDRUM**

**Application of Quality Assurance Officer on Contract basis**

To be filled by the Candidate

Sl.No.

Name	
Male/Female	
Age and Date of Birth	
Address to which communication are to be sent	
Tel/Mob Number	
Email id	

Passport size photograph with signature

**Qualification:**

Degree/Diploma	Year of Passing	Institution/University

**Experience**

Institution -Govt./Pvt	Period	From	To

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

Place

Signature:

Date:

Name: