

No. DPMSU/2623/2019/TVPM

Office of the District Health & Family Welfare Society,
W & C Hospital Compound Thycaud, Trivandrum
Dtd: 04.07.2019, Ph.No: 2321288

Application Invited

National Health Mission, Trivandrum District invited applications for the selection of the following categories of staffs, as detailed below.

Sl. No.	Name of Post	Qualification and Experience	Age limit as on 31-07-2019	Honorarium per month (Consolidated Pay)	Vacancy
1	Palliative Care Medical Officer	MBBS and BCCPN Compulsory OR MBBS and Foundation Course approved by Health Department with one year experience	60	Rs. 41000/-	1
2	Junior Consultant (Biomedical)	M Tech in Bio Medical/ Electronics and instrumentation Engineering with one year experience OR B Tech in Bio Medical/Electronics and instrument Engineering with two year experience	40	Rs.27500/-	1
3	Special Educator	Degree and B Ed in Special Education with one year experience	40	Rs.16180/-	1

Eligible candidates are directed to submit applications in the prescribed format available in the Arogyakeralam Website on or before 11-07-2019 at 5 PM in the NHM District Office, W&C Hospital Compound, Thycaud, Trivandrum. The candidates are also directed to submit applications with self attested copies of the qualifications and experience certificate.

The written test/interview details will be intimated only through Malayalam dailies(Trivandrum District) and Arogyakeralam Website. For more details 0471-2321288, website: www.arogyakeralam.gov.in.



[Signature]
District Programme Manager
Arogyakeralam, Thycaud
Trivandrum



DISTRICT HEALTH & FAMILY WELFARE SOCIETY, THYCAUD, TRIVANDRUM

Application for the post of.....

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	
e-mail 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