No. DPMSU-PTA/3040/CDEO/2022/DPMSU Dated 27.02.2023

APPLICATION INVITED IN NHM-PATHANAMTHITTA ON CONTRACT BASIS

Application invited for the posts noted below to National Health Mission (NHM) under District Health & Family Welfare Society, Arogyakeralam, Pathanamthitta on contract basis. Last date of application invited is on 10.03.2023, 5.00 pm at Office of the District Program Manager, Arogyakeralam, First floor, Mampra Heights II. Near Kerala Bank, Pathanamthitta.

Last date of Application submission :- 10.03.2023, 5.00pm

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SL NO	HR	QUALIFICATION & EXPERIENCE	AGE LIMIT	SALARY	VACANCY
1	Paediatrician	MBBS with TCMC Registration & PG /Diploma in Paediatrics with TCMC Registration	62 as on 01.02.2023	65,000/- (salary may be negotiable)	1
2	Counselor	Masters Degree in Counselling / MSW (Medical & Pasychiatry) or M.Sc / MA Psychology / M.Sc Nursing with KNMC registration (Psychiatry) Desirable Experience :- One year post qualification experience	40 as on 01.02.2023	14,000/-	4
3	Data Entry Operator	Any Degree with DCA and one year post qualification experience	40 as on 01.02.2023	13,500/-	4
4	Clinical Psychologist	1. a) M. Sc (Clinical Psychology) or any other equivalent qualification from a UGC recognized University / Institute owned by Govt. of Kerala/ National Institues of Govt. of India OR b) MA/M.Sc in Psychology or any other equivalent qualification from a UGC recignized university / Institute owned by Govt. of Kerala/ National Institues of Govt. of India 2. M.Phil in clinical Psychology or equivalent 2 year couse from a RCI approved university / college /institution owned by Govt. of	40 as on 01.02.2023	20,000/-	2

Kerala / National Institute of Govt. of India / UGC recognized University.	***************************************
3. Should have permanent RCI registration in "Clinical Psychology"	

Last date of Application submission

:- 10.03.2023, 5.00pm

Application should be submitted in **prescribed format** with self attested photocopies of educational qualifications certificates, Experience certificate, age proof certificate & ID proof. Original certificates must be presented for verification at the time of certificate verificate & at interview

Selection process is subject to National Health Mission, Kerala guidelines and will include skill assessment and personal interview. Applications found to be incomplete / not in prescribed format or without necessary supporting documents attached will be summarily rejected. Persons who have been terminated from National Health Mission as part of disciplinary proceedings are ineligible to apply.

Application should be submitted directly to office or through post. **Soft copy will not accepted.** Applications received after the last date of submission will not be considered.

Address:-

District Program Manager, Arogyakeralam - National Health Mission, First Floor, Mampra Heights -II, Near Kerala Bank, Pathanamthitta 689 645 Contact Number: 0468-2325504

27.02.2023



Approval Valid

Digitally Approved B Dr. Screkuttar S Date. 2023 Reason. Approved



Paste your recent pass port size photo

BIODATA

Post applied for	
Name (in Block letter)	
Age	
Date of birth(dd-mm-yy)	
Gender	Male Female Third Gender
Religion & Caste	
Guardian	
Relationship with Guardian	
Marital status	Married Unmarried Widow/widower Divorced
Languages known	
Address for communication with pin code (in Block Letters)	

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Email		

Educational Qualifications:

Qualification	Name of the Institution	Name of the University / Board	Total %	Year of Passing
			marks	
SSLC / 10 th				
PDC / 12 th				
Graduation in				
Post-graduation in				
Any other degree (mention in detailed)				

		•	
Technical			
Qualification			

Work experience:

Period		Organisation	Designation	Job responsibilities
From	То		8	

DECLARATION

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

Checklist for Attachments

1.	Self-attested copy of PAN card, Aadhaar c	f ID proof(Voters I ard)	D, Driving Licence, Pa	assport,	
2.	Self-attested copy o	class 10 th pass ce	rtificate		
3.	Self-attested copy of	f degree/diploma co	ertificate		
4.	Self-attested copy of	Council Registration	on (if applicable)		
5.	Experience certificate	2			
6.	Any other (specify)				
	ly a				
		OFFICE USE			
Certified Verified		:	YES / NO		
Qualification Adequate		•	YES / NO		
Reas	on for Rejection	:			
Date:			Signature	of verification officer	