



एन आई सी कवरत्ती / NIC. Kavaratti

No:- 776
Date:- 10/12/2020



सत्यमेव जयते

Administration Of The
Union Territory Of Lakshadweep
Directorate of Health Services
National Health Mission, Kavaratti - 682555
Phone 04896-262115,263748,263217
E-mail Id:rchlakshadweep@gmail.Com

F.No.1/16/2015-NHM / 704

Dated: 10.12.2020

NOTICE INVITING APPLICATION FOR THE POST OF SPECIALIST DOCTORS

Applications are invited from eligible candidates for filling up of the following Specialist Doctors under National Health Mission, U.T of Lakshadweep, Kavaratti (on contract) for a period of one year. The place of posting will be in Lakshadweep islands. The candidates should submit their application in the prescribed format (Annexure-A) addressed to the Mission Director, National Health Mission, U.T of Lakshadweep, Kavaratti, PIN-682 555, super scribed as "Application for the post of Specialist Doctors under NHM, Lakshadweep or forward their applications by e-mail to rchlakshadweep@gmail.com on or before 25th December 2020 at 6.00 PM with self attested copies of all credentials. Applications received after the stipulated date and time will not be considered for attending the interview (Online).

Sl. No.	Name of post	No. of post	Qualification required	Monthly consolidated remuneration (Rs)
1.	Radiologist	1	MD (Radio diagnosis) from a recognized institute with post PG experience not less than one year in the concerned speciality.	2.00 lakh
2.	ENT	1	MS/MD (ENT) from a recognized institute with post PG experience not less than one year in the concerned speciality.	2.00 lakh
3.	Psychiatrist	1	MD Psychiatry from a recognized institute with one year post PG experience not less than one year in the concerned speciality.	2.00 lakh

Check list (final) shall be published on 30.12.2020 at www.lakshadweep.gov.in. The short listed candidates from mainland will attend the interview through VC from NIC, Kochi, Lakshadweep Administrative Office, Wellington Island, Pin-682 003 and the candidates from

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Kavaratti and other islanders shall attend the interview in the, conference Hall, Secretariat, Kavaratti.

The date and time of the interview shall be intimated to the candidates through their E-mail id and the Lakshadweep Official Website.

The candidates selected shall execute a bond to declare that, he/she will work under National Health Mission, Lakshadweep for a period of one year and will not leave the assignment before the completion of contract period of one year. If he/she leaves before one year they are liable to remit back the salary of two months to the department and a bound also to be executed in that effect on appointment.


(Dr.K.Shamsudheen)
Mission Director, NHM

To

- ✓ 1. The Technical Director ,NIC, Kavaratti with request to publish in the Lakshadweep official website
2. The Director , Public Relations & Information, Lakshadweep with request to publish in the Lakshadweep Times on top priority basis
3. The Deputy Collector , Kavaratti and Minicoy/SDO in other island with request to publish in the Notice Board
4. Notice board of Directorate of Health Services /NHM/IGH, Kavaratti, GH, Mincoy, CHCs/PHCs/FAC

Copy to PA to Secretary (Health) for kind information.

**APPLICATION FORM FOR THE CONTRACT POST OF SPECIALIST DOCTORS
NOTIFIED VIDE EMPLOYMENT NOTICE F.NO. 1/16/2015-NHM DATED:10.12.2020**

(To be filled in capital letters with ball point pen only)

(FOR OFFICE USE ONLY)

Date of receipt of application	
Roll Number	
Remarks if any	

(TO BE FILLED BY CANDIDATE)

1	Name in full	:	
2	Father/Mother name	:	
3	Date of Birth and age (as on)	:	
4	Gender	:	
5	Place of Birth and Nativity	:	
6	Permanent address (including e-mail id and contact number)	:	
7	Address for communication(including e-mail id and contact number)	:	

Details of educational qualification: (all with self attested copy)

Qualification	Name of University/ Institution	Year of Passing	Subject	Marks obtained	% of marks obtained
MBBS					
MD/MS					

Experience if any:

Name of Institution / Address of Employer	Total Years and Months of Service/ Work	Nature of Work/ Designation	Remarks

Declaration: - I declare that the information furnished above are true and correct to the best of my knowledge and belief.

Place:

Date:

Name & Signature of the Candidate