# **बृहन्मुंबई महानगरपालिका** सार्वजनिक आरोग्य खाते

# जाहिरात

सार्वजनिक आरोग्य खात्यांतर्गत प्रसुतिगृहांमधील रिक्त पदे पर्यंत खालील तक्त्यात नमूद १) विशेषज्ञ वैद्यकीय सल्लागार (स्त्रीरोग व प्रसुति) व २) विशेषज्ञ वैद्यकीय सल्लागार (बालरोगतज्ञ) या पदांवर कंत्राटी तत्त्वावर नेमणूक करण्याकरिता मा. अति. महानगरपालिका आयुक्त (प.उप) यांची क्र. AMC/WS/7250/H Dt.26.02.2019 अन्वये मंजुरी प्राप्त झाली आहे. त्यानुसार खालील पदे कंत्राटी तत्वावर दर सहा महिन्यातून एक दिवसाचा तांत्रिक खंड देऊन १ वर्षाच्या कालावधीकरिता अथवा रिक्त पदे भरेपर्यंत यापैकी जे आधी घडेल त्या दिनांकापर्यंत कायम सेवेसाठी हक्क नसेल या अटी व शर्तीवर भरण्याकरिता <u>सह - कार्यकारी आरोग्य अधिकारी, कुटुंब कल्याण व माता बाल संगोपन विभाग यांचे कार्यालय, खोली क. १३, पहिला मजला, एफ / दक्षिण विभाग कार्यालय इमारत, डॉ. बाबासाहेब आंबेडकर मार्ग, परेल, मुंबई – ४०००१२ या पत्त्यावर दर बुधवारी ३.०० ते ५.०० च्या वेळेत कागदपत्रांसहित प्रत्यक्ष मुलाखतीकरिता (Walk-in Interview) अर्ज घेऊन येणे. याची सविस्तर माहिती व अर्जाचा नमुना खालीलप्रमाणे देण्यात आली आहे.</u>

अनु.क्र.	पदनाम	मानधन	कागदपत्रे व प्रमाणपत्र
8	विशेषज्ञ वैद्यकीय सल्लागार (स्त्रीरोग व प्रसुति)	मानधन - १,००,००० /- पर्यंत	<ol> <li>Application</li> <li>Completed Format (परिशिष्ट "अ")</li> <li>Summary of qualification and experience</li> <li>MMC registration and Renewal</li> <li>MMC registration of Additional Qualification (M.S, M.D, DNB &amp; CPS - DGO)</li> <li>MS-CIT Certificate</li> <li>Mark lists</li> <li>First MBBS</li> <li>Second MBBS</li> <li>Third MBBS – part I and part II</li> <li>Internship completion</li> <li>Degree Certificate</li> <li>Attempt Certificate and Mark list (It applicable)</li> <li>Experience certificate</li> </ol>

२ विशेषज्ञ वैद्यकीय सल्लागार (बालरोगतज्ञ)	मानधन - १,००,००० /- पर्यंत	<ol> <li>Application</li> <li>Completed Format (परिशिष्ट "अ")</li> <li>Summary of qualification and experience</li> <li>MMC registration and Renewal</li> <li>MMC registration of Additional Qualification (M.S, M.D, DNB &amp; CPS - DCH)</li> <li>MS-CIT Certificate</li> <li>Mark lists         <ul> <li>First MBBS</li> <li>Second MBBS</li> <li>Third MBBS – part I and part II</li> <li>Internship completion</li> <li>Degree Certificate</li> <li>Attempt Certificate and Mark list (It applicable)</li> <li>Experience certificate</li> </ul> </li> </ol>

उपरोक्त अर्हता धारण करण्या-या उमेदवारांनी कुटुंब कल्याण व माता बाल संगोपन विभागामध्ये अर्ज व संबंधित सर्व कागदपत्रासहित यावे.

निवड झालेल्या कंत्राटी विशेषज्ञ वैद्यकीय सल्लागार यांना मुलाखतीकरिता दुरध्वनी वर कोणतेही माहिती कळविली जाणार नाही. ई- मेल ची खात्री करण्याची सर्वस्वी जबाबदारी उमेदवाराची असेल. शैक्षणिक अर्हतेबाबत तसेच अनुभवाचे कागदपत्रे जोडणे अनिवार्य असेल.

> सही /-कार्यकारी आरोग्य अधिकारी सार्वजनिक आरोग्य खाते

परिशिष्ट "अ"

Application form

### **Brihanmumbai Municipal Corporation**

(अर्जाचा नमुना)

# Passport Size Photo

Cost Rs.267 + VAT Rs.13 for open category Cost Rs.134 + VAT Rs.7 for reservation category

Sr. No.

(To be returned to the	so as to reach him not later
than)	
uiaii/	

N.B. (i) A candidate who knowingly or wilfully furnishes incorrect or false particulars or suppresses material information will be disqualified, and if appointed, will be liable to dismissal from service.

- (ii) If the space against any item below is insufficient full particulars should be given on a sheet of paper which should be attached to this application, entering at the appropriate place a reference of the sheet attached.
   (iii) All ensures must be given in words and not be declare and date.
- (iii) All answers must be given in words and not by dashes and dots.
- (iv) In case an appointment is held in any Institution at the time of applying and application should be sent through the Head of the Institution.

1)	Application for the post of	Specialist Medical Consultant
		(विशेषज्ञ वैद्यकिय सल्लागार)
2)	Candidate's Name in full (Surname First ∈ BLOCK capitals)	
3)	a) Address in full (in BLOCK capitals)	
	b) Residential Tel.No./Mobile No. &	Residential No. :
	E-mail address:	Mobile No. :
		Email Address. :
4)	Nationality	
5)	(a) Date of Birth	
	(b) Place of Birth	
	(c) if you belong to backward class?	
	If yes, state name of the caste attache	
	cast certificate issued by the	
	competent authority	
6)	a) Candidate's father's name (or	
	husband's name, if married)	
	b) Address*	
	c) Occupation*	
	*(if dead, the last address and occupation	on before death should be stated)
7)	What is the candidate's mother	
	tongue?	
	The following details of any other	

	languages that the candidate kno should be given:-		knows				
	Name of the language		Examination passed if any in the language		State if the candidate can only speak the language or an also read and/or write the language		
1							
2							
4							
8)	higher education	-				ning his/her University of other	
	Name of University	College	e if any		Date of entry		Date of Leaving
9)	b) Any position of responsibility (S as Prefect, Gymkhana Secretary held at college should be stated. (a) Candidates should be careful t		ary etc.) ed. ful to give				ninations (commencing r place of higher
	education, and degr	ee obtaine ssed at the	ed, and de e first atte	gree c mpt, a	btained, and th nd if not after he	e fact v	
	Examination or Degree of Diploma	a H	Class Divisions Honours or Distinctions		Year of Passing or obtaining the degree of diploma		No. of attempt made
	(b) Examination uns with number of atter	npts.					
	(c) Particulars of any prizes, medals of scholarships obtained at the University						

	(d) Detailed marks in each subject obtained at the degree and higher examinations						
	A copy of statement of m application as evidence along with other original of	for the above. The					
10)	(a)Has the candidate dor graduate or research wor paper, or has he any pra- so, particular should be g	rk of published any ctical experience? If jiven					
	(b) Whether doing any re investigation at present, i						
11)	(a) Has the candidate at employed? If the answer employment should be gi copies of testimonials fro should be attached.	any time been is 'YES' details of iven below and					
	Name of the employer with address	Description of post h or description of wo done		Date of joining	Date of leaving	staff,	class of if any rvised
11)	(b)Institution place where Name of the Institution	Designation of the p			iching and	l research To	Total
		held					Period
	N.B.: Post mentioned at ( indicated.	a) &(b) above carrying	g teac	ching expe	rience sho	ould be sp	ecifically
12)	Has the applicant been c post? Advertised by the N Corporation of Grater Mu Service commission ? If s (i) when (ii) for what Post or posts (iii) whether interviewed o (iv) Whether appointed on	Municipal mbai or Public so, He should state sor not, and					
13)	Details, if any of profession activities (N.C.C., Home of Medical Associations, So If appointed, what notice Candidate required to be						

15)	<b>Reference</b> (these should be person resident in India and holders of responsible positions, they should be intimately acquainted with the candidate's character and work, must not be relations. Where the candidate has been in employment, he should either given his employer's reference or produce a testimonial from him)				
	Name	Occupation or position	Address		
a)					
b)					
16)	Copies of Testimonials from:				
	1)				
	2)				
	3)				
	4)				
		tudied and not more that two a	nore that two testimonials from s regards character and		
17)	Additional Remarks:				

I hereby declare that I have read and understood the instruction and particulars supplied to me and that all the entire in this form are true to the best of my knowledge and belief.

Date :

Place :

(Signature of the applicant)

#### SUMMARY QUALIFICATIONS AND EXPERIENCE

(To be filed in brief by candidate No separate sheet to be used)

Name of the Candidate :\_\_\_\_\_

Post applied for :\_\_\_\_\_

#### QUALIFICATIONS :-

Degree or Diploma with name of the	Year of	No.of
University/Institution	passing	Attempt
Basic : Like M.B.B.S.		
1		
2		
3		
Post-graduate		
1		
2		
3		
4		

Prizes / Medals awarded with examination of award.

College prizes / Medals

Any other :

#### EXPERIENCE:-

Post held	Period (with dates)	Name of the Institution	Teaching or non-teaching	Remarks	
Before Post-gradua	ite				
After Post-graduate	9				
Total teaching expe	erience	Years	n	nonths	
Total non teaching experience Years months					
Total experience Years months					

#### PUBLICATIONS :

Brief Title Journals (Vol.No.per Year)

(Signature of the applicant)

Claim for teaching experience must be supproned by testimonials (copies to be invariably attached to the application form) including clearly the class of students taught (School/College) to whom they belonged.

NAME:	Date of Birth:				
M.B.B.S.: Year of Passing	University	Attempt			
College :					
Recognized by M.C.I.: Yes/No					
M.D./M.S.():	Year of Passing :				
University	Att	empt			
College :					
D.M./DNB/M.Ch.(	) Year of Passi	ng			
University		Attempt			
College :					
Post holding certificate attached : Yes / No					
No. of Prizes	No. of Publication	ons			
Marathi Passed : Yes / No.					

(Signature of the applicant) Date: