

# 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 तत्वावर नेमणूक करण्याकरिता मा. अति. महानगरपालिका आयुक्त (प.उप) यांची क्र. AMC/WS/7250/H Dt.26.02.2019 अन्वये मंजूरी 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 सह - कार्यकारी आरोग्य अधिकारी, कुटुंब कल्याण व माता बाल संगोपन विभाग यांचे कार्यालय, खोली क्र. 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.

अनु.क्र.	पदनाम	मानधन	कागदपत्रे व प्रमाणपत्र
१	विशेषज्ञ वैद्यकीय सल्लागार (स्त्रीरोग व प्रसुति)	मानधन - १,००,००० /- पर्यंत	1. Application 2. Completed Format (परिशिष्ट "अ") 3. Summary of qualification and experience 4. MMC registration and Renewal 5. MMC registration of Additional Qualification (M.S, M.D, DNB & CPS - DGO) 6. MS-CIT Certificate 7. Mark lists ➤ First MBBS ➤ Second MBBS ➤ Third MBBS – part I and part II ➤ Internship completion ➤ Degree Certificate ➤ Attempt Certificate ➤ Diploma Certificate and Mark list (It applicable) ➤ Experience certificate

२	विशेषज्ञ वैद्यकीय सल्लागार (बालरोगतज्ञ)	मानधन - १,००,००० /- पर्यंत	<ol style="list-style-type: none"> <li>1. Application</li> <li>2. Completed Format (परिशिष्ट "अ")</li> <li>3. Summary of qualification and experience</li> <li>4. MMC registration and Renewal</li> <li>5. MMC registration of Additional Qualification (M.S, M.D, DNB &amp; CPS - DCH)</li> <li>6. MS-CIT Certificate</li> <li>7. Mark lists <ul style="list-style-type: none"> <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</li> <li>➤ Diploma Certificate and Mark list (It applicable)</li> <li>➤ Experience certificate</li> </ul> </li> </ol>
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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-----)

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 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	<b>Specialist Medical Consultant</b> (विशेषज्ञ वैद्यकिय सल्लागार)
2)	Candidate's Name in full (Surname First & in BLOCK capitals)	
3)	a) Address in full (in BLOCK capitals)	
	b) Residential Tel.No./Mobile No. & E-mail address:	Residential No. : ..... 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 before death should be stated)	
7)	What is the candidate's mother tongue? The following details of any other	

	languages that the candidate knows should be given:-			
	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				
3				
4				
8)	a) The candidate should given the following particular concerning his/her University of other higher education			
	Name of University	College if any	Date of entry	Date of Leaving
	b) Any position of responsibility (Such as Prefect, Gymkhana Secretary etc.) held at college should be stated.			
9)	(a) Candidates should be careful to give below particulars of all examinations (commencing with the H.S.C.or equivalent examination) passed at the university or place of higher education, and degree obtained, and degree obtained, and the fact whether each examination was passed at the first attempt, and if not after how many attempts should be stated (Copies of certificates should be attached.)			
	Examination or Degree of Diploma	Class Divisions Honours or Distinctions	Year of Passing or obtaining the degree of diploma	No. of attempt made
	(b) Examination unsuccessfully attempted with number of attempts.			
	(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 marks issued by the examining authorities, should be attached to the application as evidence for the above. The original certificates forwards when called for along with other original certificates					
10)	(a) Has the candidate done any post of Post-graduate or research work or published any paper, or has he any practical experience? If so, particular should be given				
	(b) Whether doing any research work or investigation at present, if so state its nature				
11)	(a) Has the candidate at any time been employed? If the answer is 'YES' details of employment should be given below and copies of testimonials from the employers should be attached.				
	Name of the employer with address	Description of post held or description of work done	Date of joining	Date of leaving	No. and class of staff, if any supervised
11)	(b) Institution place where experience was gained in clinical teaching and research work-				
	Name of the Institution	Designation of the post held	From	To	Total Period
	N.B.: Post mentioned at (a) &(b) above carrying teaching experience should be specifically indicated.				
12)	Has the applicant been candidate for any post? Advertised by the Municipal Corporation of Grater Mumbai or Public Service commission ? If so, He should state (i) when (ii) for what Post or posts (iii) whether interviewed or not, and (iv) Whether appointed or not				
13)	Details, if any of professional social or other activities (N.C.C., Home guard, Games, Medical Associations, Social Services etc.)				
14)	If appointed, what notice would the Candidate required to be joining the post ?				

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)		
	*A candidate should send with this application copies of not more that two testimonials from persons under whom he has studied and not more that two as regards character and respectability, in addition to the other certificates.		
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 University/Institution	Year of passing	No.of Attempt
<b>Basic : Like M.B.B.S.</b>		
1		
2		
3		
<b>Post-graduate</b>		
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-graduate				
After Post-graduate				
Total teaching experience ----- Years ----- months				
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 supported 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 \_\_\_\_\_ Attempt \_\_\_\_\_

College : \_\_\_\_\_

D.M./DNB/M.Ch.( \_\_\_\_\_ ) Year of Passing \_\_\_\_\_

University \_\_\_\_\_ Attempt \_\_\_\_\_

College : \_\_\_\_\_

Post holding certificate attached : Yes / No

No. of Prizes \_\_\_\_\_

No. of Publications \_\_\_\_\_

Marathi Passed : Yes / No.

**(Signature of the applicant)**

Date: