# बृहन्मुंबई महानगरपालिका सार्वजनिक आरोग्य खाते

# जाहिरात

सार्वजिनक 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 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
<b>१</b>	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

2	विशेषज्ञ वैद्यकीय सल्लागार (बालरोगतज्ञ)	मानधन - १,००,००० /- पर्यंत	1. Application 2. Completed Format (परिशष्ट "अ") 3. Summary of qualification and experience 4. MMC registration and Renewal 5. MMC registration of Additional Qualification (M.S, M.D, DNB & CPS - DCH) 6. MS-CIT Certificate 7. Mark lists
			list (It applicable)  Experience certificate

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

#### Application form

Cost Rs.267 + VAT Rs.13 for open category

## **Brihanmumbai Municipal Corporation**

(अर्जाचा नम्ना)

Passport
Size
Photo

Cost Rs.134 + VAT Rs.7 for reservation category

Sr. No.

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.

(To be returned to the -----so as to reach him not later

- (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	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							
3							
8)	a) The candidate sh	ould given	the follov	ving pa	articular concer	ning his	s/her University of other
	Name of University	College	e if any		Date of entry		Date of Leaving
9)	b) Any position of responsibility (Such as Prefect, Gymkhana Secretary etc.) held at college should be stated.  (a) Candidates should be careful to give with the H.S.C.or equivalent examinate education, and degree obtained, and dexamination was passed at the first at stated (Copies of certificates should be		ary etc.) ed. ed. eful to give xaminatio ed, and de e first atte	n) pas gree c mpt, a	sed at the univerblatained, and the noting if not after h	ersity o ne fact v	r place of higher whether each
	Examination or Degree of Diploma	a F	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 at the degree and higher						
	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 formula to the above.						
	along with other original of						
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					
11)	(b) Whether doing any re investigation at present, i (a) Has the candidate at employed? If the answer employment should be gi copies of testimonials fro should be attached.	search work or if so state its nature any time been is 'YES' details of iven below and m the employers					
	Name of the employer with address	Description of post held or description of work done		Date of Date of No.and class joining leaving staff, if an supervise		if any	
11)	(b)Institution place where	ovnorioneo was gair	od in	clinical too	sching and	Lrocoarch	work
11)	Name of the Institution	Designation of the			om	To	Total
		held					Period
	N.B.: Post mentioned at (a) &(b) above carrying teaching experience should be specifically indicated.						ecifically
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.)						

15)	they should be intimately acqu	erson resident in India and hold uainted with the candidate's cha te has been in employment, he uce a testimonial from him)	racter and work, must not be
	Name	Occupation or position	Address
a)			
b)			
16)	Copies of Testimonials from:		
	1)		
	2)		
	3)		
	4)		
		n this application copies of not no studied and not more that two as e other certificates.	
17)	Additional Remarks:		
		I hereby declare	that I have read and understood the

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  Basic: Like M.B.B.S.	Year of passing	No.of Attempt				
1 2						
Post-graduate 1						
2 3 4						
L. I						
Prizes / Medals awarded with examination of av	vard.					
College prizes / Medals						
Any other:						

### **EXPERIENCE:-**

Post held	Period (with dates)	Name of the Institution	Teaching or non-teaching	Remarks					
Before Post-gradua	Before Post-graduate								
After Post-graduate	e			1					
m 1 1:				•					
Total teaching exp	erience	Years	n	nonths					
Total non teaching experience Years months									
Total experience	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	Attempt	·			
College :					
D.M./DNB/M.Ch.(	) Year of Passing _				
University	Atter	mpt			
College :					
Post holding certificate attached:Yes / No					
No. of Prizes	No. of Publications _				
Marathi Passed: Yes / No.					
	(Signatuı	e of the applicant)			

Date: