

आरोग्य विभाग जिल्हा परिषद, कोल्हापूर कोविड १९ अंतर्गत कंत्राटी मनुष्यबळ पदभरती



जाहिरात

कोविड १९ साथरोगाची दुसरी लाट सुरु असुन तिसऱ्या लाटेची शक्यता गृहीत धरुन जिल्हयात नव्याने स्थापन होणाऱ्या कोविड उपचार केंद्रांच्या ठिकाणी तसेच दुसऱ्या लाटेत लागणारे मनुष्यबळआवश्यकतेनुसार तात्पुरत्या स्वरुपा पद भरती कामी शैक्षणिक अर्हता व अंतिम वर्षाच्या गुणानुक्रमानुसार प्रतिक्षा यादी तयार करणेत येणार आहे. कोविड केंद्रांच्या ठिकाणी आवश्यकतेनुसार निव्वळ तात्पुरत्या स्वरुपात कंत्राटी पध्दतीने पात्र उमेदवारांची नियुक्ती करणेत येणार आहे. याकामी निव्वळ तात्पुरत्या स्वरुपात कंत्राटी पध्दतीने मानधन तत्वावर (शासन निर्देशास अधिन राहुन) पदभरती कामी अर्ज मागविणेत येत आहेत.

यापुर्वी कोविड केंद्रांच्या ठिकाणी कामकाज करणाऱ्या उमेदवारांनी तसेच माहे एप्रिल २०२१ मध्ये तालुका स्तरावर राबविणेत आलेल्या कोविड भरती प्रक्रियेमध्ये अर्ज केलेल्या उमेदवारांनी पुनश्च अर्ज करण्याची आवश्यकता नाही.

| Sr.No. | HR Type | Qualification | Honorarium | Required |
|--------|---------------------------|---------------------------------|------------|-------------|
| | | | per month | Manpower |
| 1 | 2 | 3 | 4 | 5 |
| 1 | Microbiologist | MD Microbiologist/ | 75000/- | |
| | | M.Sc Microbiologist (Medical) | | |
| 2 | Pediatrician | MD Pediatrician/ MBBS DCH | 75000/- | |
| 3 | M.D. Physician | MD Medicine | 75000/- | |
| 4 | Intensivist | MD Physician with | 75000/- | |
| | (Critical Care Physician) | Diploma in Critical Care in ICU | | |
| 5 | Medical Officer | MBBS | Rs.60000/- | As per |
| 6 | Medical Officer | BAMS | Rs.28000/- | requirement |
| 7 | Lab Technician | DMLT Course | Rs.17000/- | |
| 8 | X-Ray Technician | 12 th + X-Ray Tech. | Rs.17000/- | |
| 9 | Pharmacist | D. Pharmacy/ B. Pharmacy | Rs.17000/- | |
| 10 | Staff Nurse | B. Sc Nursing / GNM | Rs.20000/- | |
| 11 | ANM | 10 th ANM | Rs.18000/- | |

- १) इच्छुक उमेदवारांनी दि. / /२०२१ ते / /२०२१ रोजी सकाळी १०.०० ते सायं.५.३० वा. पर्यंत (शासकीय सुटया वगळुन) राष्ट्रीय आरोग्य अभियान कक्ष, आरोग्य विभाग, जिल्हा परिषद कोल्हापूर येथे प्रत्यक्ष परिपुर्ण अर्ज सादर करावा. अपुर्ण अर्ज ग्राहय धरला जाणार नाही याची नोंद घ्यावी
- २) अर्जासोबत सादर करावयाची कागदपत्रे -
 - १) वयाचा पुरावा २) पदवी /पदविका प्रमाणपत्र ३) शेवटच्या वर्षाची गुणपत्रिका
 - ४) रजिस्ट्रेशन प्रमाणपत्र (As applicable) शासकीय / निमशासकीय कामाचे अनुभव
 - ६) उमेदवाराचा सद्याचा पासपोर्ट साईजचा फोटोसह सादर करावा.
- ३) पात्र / अपात्र उमेदवाराची यादी जिल्हा परिषद कोल्हापूरच्या वेबसाईटवर प्रसिध्द करणेत येईल.
- ४) अर्जाचा नमुना <u>www.zpkolhapur.gov.in</u> या वेबसाईवर प्रसिध्द करणेत आला असुन भरती प्रक्रियेच्या सुचना वेळोवेळी याच वेबसाईवर प्रसिध्द करणेत येतील.

सही/-जिल्हा आरोग्य अधिकारी, जिल्हा परिषद कोल्हापुर

Health Department Zilha Parishad Kolhapur COVID 19 – CONTRACTUAL STAFF APPLICATION FORM

(All fields in the forms are mandatory to be filled. An incomplete form submitted will be treated as rejected.)

Name of Post applied for :

Name:

| Father's / Husband's Name: | | | | | | | | | | |
|--|----------------|------------------------|--|------------------------|--|---------------------------------------|-----------------------------|---------------|------------------|------|
| Date of Birth (DD/MM/YYYY): | | | | Blood Group: | | | | Ge | Gender: | |
| Marital Status: Existing NHM (Yes/No) | | | Nationality: | | Religion: Category: | | Applying for which category | | | |
| Address / Contact Details: (Name of the District and Pin co | | | Address (Permanent): (Write Same if same as Present Address) | | | | | | | |
| State: Pin: | | | | State: | | | | | | |
| Contact No: | | | | Pin: | Pin: Contact No: | | | | | |
| E-mail Id for Correspondence: | | | | Altern | Alternate E-mail Id for Correspondence (If any): | | | | | |
| Languages Known: (Write "Y" / "N") Englis | | | English | Hindi | N | Marathi Others (Please Specify below) | | | | low) |
| Academic / Professional Education Summary: (Starting from most recent) | | | | | | | | | | |
| Computer Proficiency: | | | | | | | | | | |
| From (DD/MM/YY) | To (DD/MM/Y | Degree / Y) Diploma | | Universit Institute | | Specializa / Subje | | Total Mark | Mark Obtained | % |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

| Sr. No. | From (DD/MM/YY) | To (DD/(MM/YY) | Organization | Type of organization (Govt. /Semi Govt. Private/Ngo) | Designation | Responsibilities (Min. 30 and Max. 50 Words) | | | |
|--|------------------------------------|-------------------|--------------|--|-------------|--|--|--|--|
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Total Experience (In Years & Months): Relevant Years & | | | | | | perience to the post applied (In onths): | | | |
| | Notice Period/Joining Time (Days): | | | | | | | | |
| | | | | | | | | | |
| Location Preference | | | 1 | | 2 | 3 | | | |
| | | | | | | | | | |
| Details of Internship / Workshops/Conferences/Trainings Attended (If any): | | | | | | | | | |
| | | | | | | | | | |
| Declaration: I hereby declare that all statements made in the application are true, complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found untrue/false/incorrect or I do not satisfy the eligibility criteria my candidature will be cancelled, without assigning any reason thereof. I have read the content of the advertisement and agree to abide by the rules, regulations and procedures for appointment to the post applied for. Name: | | | | | | | | | |
| Place | | | | | | Signatura | | | |
| Date : | | | | | | Signature | | | |

Disclaimer:

The applicants are required to submit the duly filled application on or before the due date and time, failing which the application of the said applicant shall be treated as non-responsive. NHM shall not be responsible for late receipt or non-receipt of application/s for any technical reason or whatsoever. The applications received after due date and time shall not be considered.