

Government of Rajasthan

Office of the Principal Medical Officer Govt. General Hospital Sawai Madhopur

S.No. 754

Date 06.10.2023

Notice

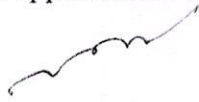
Applications are invited from eligible candidates to appear in Walk-in-interview. Skill test for filling up the under mentioned posts on purely contractual basis on monthly consolidated remuneration for the NCDC funded project Titled "National One Health Programme for Prevention and Control of Zoonoses" (NOHP-PCZ) at General Hospital Sawai madhopur.

S.No.	Name & No. of the Post	Monthly Consolidated Remuneration, Qualification & Eligibility
1	Data Entry Operator-01(One)	<p>Eligibility Criteria</p> <ol style="list-style-type: none">Graduate with One Year Diploma Course in Computer Application with One year Experience in Related Field.Preference will be given to candidates who have past working experience in ICMR/NCDC Project & Private hospital.Must have attained age 18 year and must not have attained the age of 40 yearsSalary- As Per NCDC norms for the project.
2	Lab technician – 01 (One)	<p>Eligibility Criteria</p> <ol style="list-style-type: none">B.sc in MLT from Recognized university OR10+2 in science subjects with DMLT from Recognized University Institute.Desirable Qualification 1 Year Work experience in Microbiology laboratory.Knowledge of computer Application.Preference will be given to candidates who have past working experience in ICMR/NCDC project & Private hospital.Must have attained age 18 Years and must not have attained the age of 40 Years.Salary-AS Per NCDC norms for the Project.

Last date of Submission of Application form in Officer section of Institute:
16.10.2023 till 5.00 PM with self Attested documents

Date for Interview, skill test and original documents verification on 18.10.2023 Sharp 11.30 AM at Microbiology Department (RTPCR Lab), General Hospital Sawai Madhopur.

- (A) This attachment shall not be based for regularization of services of any other similar purpose and shall not be challengeable in any Court of Law.
- (B) Experience certificate will be issued only to those who completes the six month period of continues working under the scheme.
- (C) The selected candidates shall have to submit an affidavit to this effect on judicial stamp worth Rs 100 Before joining.
- (D) Candidate may be temporarily posted to any other site in the interest of project work or else assigned by competent authority.
- (E) Incomplete Application from will be rejected.
- (F) Before the Last Date at 16.10.2023 Submitted Application Form Collected Application Form This Office.
- (G) This is a Project of NCDC govt of India hence no permanent appointment shall be made.



Principal Medical Officer
General Hospital Sawai Madhopur

S.NO 754

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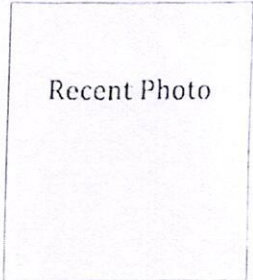
Copy Forwarded to the following for information & necessary action:-

1. Director, The National Center for Disease Contral, New Delhi.
2. Principal Investigator Aforesaid Project.
3. Account section of the Hospital.
4. श्रीमान् सयुक्त निदेशक सूचना एवं प्रौद्योगिक विभाग स.मा. को भेजकर लेख है कि उक्त विज्ञप्ति को श्रीमान् जिला कलेक्टर महोदय सवाई माधोपुर की वेबसाईट पर प्रकाशित करने का श्रम करें।
5. नोटिस बोर्ड जिला कलेक्टर, नगर परिषद, पीआरओ कार्यालय, तहसील, जिला परिषद एवं कार्मिक कार्यालय, कार्यालय सवाई माधोपुर।
6. सम्पादक राजस्थान पत्रिका स.मा को देकर लेख हे कि आप उक्त विज्ञप्ति का प्रकाशन जयपुर से प्रकाशित राज्य स्तरीय संस्करण में कर न्यूनतम स्पेस में बिल डी.पी.आर की दर से कार्यालय में प्रस्तुत करे।


Principal Medical Officer
General Hospital Sawai Madhopur

Sentinel sites surveillance for Zoonotic Diseases under National One Health
Programme for Prevention and Control of Zoonoses (NOHPPCZ)
IDSP DPHL GOVERNMENT GENERAL HOSPITAL SAWAI MADHOPUR
RAJASTHAN

APPLICATION FORM



Recent Photo

1. Applying for the Post of : _____
2. Name of the Candidate (In capital) : _____
3. Father's Name : _____
4. Sex (Male/Female) : _____
5. Community/ Caste : Gen OBC SC ST
6. a) Date of Birth (Date/Month/Year) : _____
b) Present Age (as on last date of : _____ Years _____ Months _____
Days receipt of Application
7. Postal Address (Present) : _____

8. Permanent Address : _____

9. Email ID (Mandatory) : _____
10. Mobile No. (Mandatory) : _____

2023/9/20 08:0

Handwritten mark

11. Educational Qualification

a) Essential Qualification:

Examination passed	Year of passing	Name of the Board/ University	Class/ Percentage Marks obtained	Subject Studied
10 th Class				
12 th Class				
Graduation				
Post-Graduation				
Other Qualification, if any				
Other				

12. Work Experience (Total Number of Years):

S. No	Name of the Employer (Name of the office/Institution)	Period (Date/month/year)		Post held and responsibilities
		From	To	

2023/9/20 08:02

13. Declaration

1. I hereby declare that the information furnished above is true, complete and correct to the best of my knowledge and belief. I understand that in the event of any of the information provided by me is being found false or incorrect at any stage; my candidature shall be liable for cancellation / termination without notice or any compensation in lieu thereof.
2. I hereby certify that I am **not pursuing** any Regular Course of Study from any of the University/College/Institution etc.
3. I hereby certify that I am doing Regular Job in.....Govt. Sector on permanent/temporary basis.
4. I hereby certify that I am **not doing** any kind of Regular Job in any Govt. Sector either on permanent or temporary basis.

** Strike out whichever is Not Applicable.*

NOTE: - Unsigned Application Form shall be rejected summarily.

Place: _____

Date: _____

(Signature)

Name: _____

NO OBJECTION CERTIFICATE FROM THE PRESENT EMPLOYER

This _____ is _____ to _____ certify _____ that
Shri/Smt.

(Name _____ and _____ Address) is _____ an _____ employee _____ of _____
he/she is presently holding the post of _____ Organization/Department _____ and
working in this Department since _____ till date. He / She has been

This is to certify that we have no objection to Shri/Smt. applying for
the post of _____ at IDSP DPHL SAWAI MADHOPUR.

In the event of his/her selection for the said post Shri/Smt. shall be
relieved from his/her duties within a week's time.

Place: (Signature)

Date: _

Name:

Designation:

Office Seal:

2023/9/20 08:03