

No. F.3 (5-3302) FWPM/SHFWS/Recruitment/2017/Sub-IV/15077

08<sup>th</sup> August, 2022

**NOTICE FOR RECRUITMENT**

The State Health & Family Welfare Society, Tripura is going to fill up 1 (one) number of vacant post in Specialist Doctor (Physician/ Consultant Medicine) for First Referral Unit (FRU) under NHM, Tripura, on contractual and fixed pay basis from the candidates who are permanently residing in Tripura, through Walk-in-Interview scheduled to be held on 18<sup>th</sup> August, 2022. The engagement will be initially for a period of 1(one) year, which may further be extended annually, based on performance, till the completion of the project. The details of the post is given below:-

Sl.	Name of the post	Salary per month (Rs.)	Vacancy details				Eligibility criteria
			UR	ST	SC	Total	
1	Specialist Doctor (Physician/ Consultant Medicine) for FRU	Rs.1,00,000/-	1	0	0	1	<ul style="list-style-type: none"><li>M.D. in Medicine or DNB in internal Medicine, recognized by Medical Council of India.</li><li>Preference will be given to the candidates having 3 (three) years of experience.</li></ul>

**Instructions:**

- The time for Registration of candidates, who are willing to appear in the interview, is from 11.00 AM till 12:00 Noon at the Training Hall No-II, 3<sup>rd</sup> Floor, O/o the MD, NHM, Palace Compound, Agartala.
- T.A. & D.A. will not be admissible for appearing in the Walk-in-Interview.
- The upper age limit is 65 years as on 31<sup>st</sup> July, 2022, for all category of candidates.
- The candidates selected for the above mentioned post, will not be allowed for private practice and a self-declaration needs to be signed by the selected candidate, before joining his/her service.
- The selected candidate will have to perform their duties for a minimum of 06 to 08 hours in a day.
- Interested candidates are requested to appear before the Interview Board at the VC Room, 3rd Floor, O/o MD NHM along with his/her Bio-data as per the prescribed format (Format Enclosed) and all original documents with two copies of recent Passport Size Colour Photograph.
- Self-attested photocopy of the following documents needs to be submitted: (a) Copies of qualification (Mark Sheet & Pass certificate), (b) Permanent Registration Certificate from Medical Council of India/ State Medical Council, (c) Caste Certificate (for reserved categories), (d) Permanent Resident Certificate of Tripura (PRTC), (e) Age Proof (Madhyamik Admit Card)/ 10<sup>th</sup> Standard Board Admit Card), (f) Photo ID with address (Aadhar card/ Driving license/ Voter ID)
- Name of the short listed candidate will be published in the official website of NHM (<http://tripuranrhm.gov.in/>) in due course of time.
- The in-service Candidates (State Govt. or Society) are not allowed for the said post.
- The number of post may increase / decrease any point of time during the recruitment procedure or even the entire recruitment process may be cancelled anytime without assigning any reason.
- Further correspondence in this regard, will be notified in the official website of NHM. (<http://tripuranrhm.gov.in/>).

**(Subhasis Das, TCS, SSG)**  
Mission Director, NHM  
(Addl. Secretary, H & FW Deptt.)  
Government of Tripura

Advertisement No: .....

To

The Mission Director  
National Health Mission,  
Govt. of Tripura,  
Palace Compound  
Agartala, Tripura (West)

Self-attested  
Colour Photo

1. Name of the post applied for :-  
**[IN BLOCK LETTER]**
2. Name of the candidate :-
3. Father's/Husband's name :-
4. Nationality :-  
(attach photocopy Permanent Resident Certificate /Citizenship Certificate)
5. Permanent Address with Pin Code :-  
(attach photocopy address proof certificate)
6. Postal address for communication :-  
with Pin Code
7. Contact No. & valid e-mail ID (if any) :-
8. Date of Birth :-  
**(DD/MM/YYYY)**
9. Gender :-  
**(Male / Female)**
10. Caste, if belongs to SC / ST community :-  
**(Yes / No, If 'Yes' Attach photocopy Caste Certificates)**
11. Education Qualification :-  
**(Attach photocopy of all relevant mark sheets)**

Sl. No	Name of the Examination / Parameters	Name of Recognized University	Total Marks obtained	Percentage of marks	Year of Passing
1.	1 <sup>ST</sup> Professional MBBS				
2.	2 <sup>nd</sup> Professional MBBS				
3.	3 <sup>rd</sup> Professional MBBS (Part-I)				
4.	3 <sup>rd</sup> Professional MBBS (Part-II)				
5.	Marks Obtained in Post Graduate Exam.				

12. Registration No (MCI/State Medical Council):-
13. Experience **(if any attach supporting document/s) :-**

**Declaration:** I hereby declare that, all the information given above is true to the best of my knowledge, if any of the above information is found to be incorrect at a later stage, I shall be liable to be disqualified and removed from the service after selection/joining.

**(Signature of the candidate)**