जिला स्वास्थय एंव परिवार कल्याण समिति, करनाल

On Call Specialists Service

Advt.No NHM/AD-05/2025 **Dated 24.10.2025**

विज्ञापन निम्नहस्ताक्षरी के कार्यालय के पत्र क्रमाक NHM-KNL-2025/4122 Dated 28.10.2025 के संदर्भ में मिशन निदेशक एन.एच.एम हरियाणा पंचकूला को जिला स्वास्थय एंव परिवार कल्याण समिति करनाल एन.एच.एम के अन्तर्गत On Call(जरुरत अनुसार) आधार पर दिनांक 31.03.2026 तक (जो कि आवश्यकता अनुसार आगे बढाया जा सकता है) C-Section के लिए विशेषज्ञ हायर करने हेतू निम्न विज्ञापन आमंत्रित किया जाता है।

Sr. No.	Name of Specialisity	Hired for Facility	Rate
1	Gynaecologist (On Call)	SDH Nilokheri, SDCH Indri, CHC Gharaunda, CHC Nissing, CHC Kunjpura	Rs 3500/- Per Case
2	Anaesthetist(On Call)	SDH Nilokheri, SDCH Indri, CHC Gharaunda, CHC Nissing, CHC Kunjpura	Rs 3000/- Per Case
3	Paediatrician (On Call)	District Civil Hospital Karnal , SDH Nilokheri, SDCH Indri, CHC Gharaunda, CHC Nissing, CHC Kunjpura	Rs. 2500/- Per Case

इसमें Specialists द्वारा प्रसव के बाद 48 घटें तक विजिट शामिल होगा/यदि मां एंव शिशु के अस्पताल से छुटटी होने तक आवश्यक हुआ। इच्छुक Gynaecologist, Anaesthetists, Paediatrician द्वारा आवेदन प्रस्तुतीकरण की **अतिम तिथि 15.11.2025** है और **आवेदन कार्यालय सिविल सर्जन रैड कास बिल्डिग माल रोड करनाल** रुम 06 में जमा करवाना सुनिश्चित करे। अधिक जानकारी के लिए मोबाईल न. 7015996942,7419940924 पर सम्पर्क करे। इससे सम्बधित अन्य किसी भी प्रकार सूचना website – **www.nrhmharyana.gov.in** पर डाल दी जायेगी।

सिविल सर्जन, करनाल।

28/10/25

DISTRICT HEALTH AND FAMILY WELFARE SOCIETY, KARNAL

APPLICATION FORM

For office use

Receipt No. _____

Date _____

Important Instructions

- Please read instructions given in advertisement carefully before filling in each column.
- Use only black/blue ball pen to fill the form.

Application for the post of _____ **Facility** _____

1. **Name of the candidate :** _____
   (In Capital Letters)

2. **Father's/Husband's Name :** _____
   (In Capital Letters)

3. **Sex :** Male/Female **Marital Status :** Married/ Unmarried

4. **Date of Birth :** _____
   (dd/mm/yyyy)

5. **Category to which belong :** _____

6. **Telephone/Mobile No. :** _____

7. **E-mail :** _____

8. **Permanent Address :** _____

   _____

   _____ Pin Code _____

9. **Correspondence Address :** _____

   _____

   _____ Pin Code _____

Affix Recent Colored Passport Size Photo

Educational/Professional Qualifications :

Examination Passed	Board/ University	Year of Passing	Maximum Marks	Marks Obtained	%age of Marks	Division	Subjects
10th							
10+2/ Vocational/ Intermediate							
Graduation							
Post-Graduation							
Any other Course/Diploma etc.							

10. Internship/Training (if any) : Year(s) _____ Month(s) _____ Day(s) _____

Name of Institution/ Organization	Designation	From	To	Total Period

11. Total Experience : Year(s) _____ Month(s) _____ Day(s) _____

Name of Institution/ Organization	Designation	From	To	Pay/Salary/ Honorarium p.m.	Total Period

Details of Documents attached : _____

(Signature of the Candidate)

12. Declaration : I hereby declare that

1. All statements made in this application form are true, complete and correct to the best of my knowledge and belief. In the event of any information being found false or incorrect, or ineligibility being detected before or after the interview/selection/ appointment my candidature may be cancelled and action can be taken against me by the commission.
2. I have read the provisions/conditions/terms/rules in advertisement carefully and I hereby undertake to abide by them. I fulfil all the conditions of eligibility regarding age limit, educational qualifications etc. prescribed in the advertisement and other relevant rules and instructions.
3. I have never been convicted by criminal court.
4. There is no court case pending against me.

(Signature of the Candidate)

Date : _____

Place : _____