

DISTRICT HEALTH & FAMILY WELFARE SOCIETY
O/O CIVIL SURGEON, YAMUNANAGAR
EMPLOYMENT NOTICE

DH&FW Society, Yamuna Nagar invites the applications from the eligible candidates for the following post, purely on contractual basis under NHM up to **31.03.2018 or till the completion of the project whichever is earlier.**

Name of Post	No. of posts	Name of Programme	Essential Qualification & Experience
Clinical Psychologist	1	DMHP	1. Post Graduate degree in psychology or Applied psychology and a master of Philosophy in medical and social psychology or masters of Philosophy in mental health and social psychology obtained after completion of a full time course of two years which includes supervised clinical training, approved and recognized by the Rehabilitation Council of India. 2. AGE LIMIT: 18 to 42 Years (As per NHM Guidelines) 3. CONSOLIDATED SALARY: As per NHM Scales.
Psychiatric Social Worker	1	DMHP	1. Post Graduate Degree awarded after completion of course of study of minimum two years in mental health or psychiatric social work. 2. AGE LIMIT: 18 to 42 Years (As per NHM Guidelines) 3. CONSOLIDATED SALARY: As per NHM Scales.

1. The interested candidates should apply on the prescribed Performa given below giving full detail of his/her bio data (on prescribed format) , with attested photograph and attested photocopies of the certificates, experience & testimonials on or before **27.03.2018** through registered post. However application will also be received by hand on all working days between (Monday to Friday) 9:00 AM to 5:00PM
2. Incomplete/unsigned applications will be rejected without any information.
3. Candidates must submit a fee of Rs. 200/- in the form of Bank Draft in favour of **District Health & Family Welfare Society Yamuna Nagar** payable at **Yamuna Nagar**. No application will be entertained without proper fee.
4. No TA/DA shall be admissible for attending the interview.
5. The selected candidates will have to maintain his/her Head Quarter.
6. Nos. of Posts may increase/decrease. These posts may be discontinued at any time depending upon the workload, requirement or validity of the project.
7. Department will not be responsible for any postal delay.
8. Weight-age will be given to local candidate. Ration Card/ EPIC Card (Election)/ domicile certificate issued by the appropriate authority must be attached for claiming residency weight-age. No weight-age will be given in absence of proof.
9. Candidates who want to apply for more than one post are advised to send separate application for each post with separate requisite fees and all other supported documents. Without requisite fees no application will be considered.
10. The DD issued between date of advertisement & closing date only will be accepted.
11. The undersigned has right to cancel any of the post/interview at any time without specifying any reason.
12. Candidates have to make their own arrangement for stay etc. if required.

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13. Application form complete in all respects duly filled in by the candidates in their own handwriting in capital letters and signed in the specified space should be sent **through Registered Post/ BY Hand** to the **Dy. Civil Surgeon, School Health, O/o Civil Surgeon, Yamunanagar, Pin-135001** on or before 27.03.2018 All the columns of the application form should be filled in.
14. The decision of selection committee will be final. No query in this regard will be entertained.
15. **Interview Schedule: All eligible candidates are requested to reach for interview and written test at O/o Civil Surgeon, Yamunanagar at 9:00 AM as per the following schedule:**

S.No.	Name of Post	Last Date for submission documents	Interview date and time
1	Clinical Psychologist	27.03.2018	28.03.2018, 9:00 AM
2	Psychiatric Social Worker		

16. Candidates are advised to read carefully & visit the website regularly.
17. Email IDs & Phone numbers should be valid for One Year.

Sd/-

Sd/-

Member Secretary-cum-Civil Surgeon
DHFWS, Yamunanagar

Dy. Civil Surgeon, DMHP
DHFWS, Yamunanagar

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Application Format

Paste passport
size attested
Photographs

- 1. Post Applied For** : _____
- 2. Name of the Programme** : _____
- 3. Name of the Applicant** : _____
- 4. Father/Husband Name** : _____
- 5. Permanent Address** : _____
(Residence proof must be attached)
- 6. Correspondence Address** : _____

- Email Id _____
- 7. Contact No.** : _____ (valid for at least one year)
- 8. Date of Birth & Age** : _____ (_____ Years _____ Months)
- 9. Category** (proof must be attached) : _____
- 10. Fee Detail** : **DD No.** _____ **Date :** _____
- 11. Registration No.** : **Issuing Bank name** _____
- 12. Registration Authority** : _____
- 13. Academic Qualification** :

Examination Passed	Board/	Year Of Passing	Marks Obtained	Total Marks	% age	Subject

- 12. Experience (Attach Proof)** : _____ Years _____ Months
(Attach separate sheet if required)

S.No.	Designation	Name of the Organization	From	To	Total In Years & Month

Date:

Signature of Candidate