

प्रेषक

सिविल सर्जन
सोनीपत।

प्रेषित

मिशन निदेशक, एन0एच0एम0
हरियाणा, पंचकुला।

क्रमांक:-

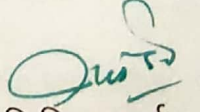
एन0एच0एम0 / एस0एन0पी0 / 2022-23 / 2474

दिनांक: 14/07/22

विषय:-

एन0एच0एम0 के तहत जिला स्वास्थ्य परिवार कल्याण समिति सोनीपत के अर्न्तगत अनुबंध आधार पर अर्बन पोलीक्लीनिक जटवाडा में विशेषज्ञ सेवाओं के लिए एमपैनलमेंट से संबंधित सूचना NHM Haryana Website पर डालने बारे।
(विज्ञापन संख्या 2/2022)

उपरोक्त विषय के संदर्भ मे आपसे निवेदन है कि जिला सोनीपत के एन0एच0एम0 के अर्न्तगत एमपैनलमेंट से संबंधित (विज्ञापन सं0 2/2022) प्रति सलग्न को nhmharyana.gov.in की website पर अपलोड करने का कष्ट करे।

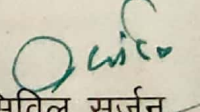

सिविल सर्जन
सोनीपत

क्रमांक:-

एन0एच0एम0 / एस0एन0पी0 / 2022-.23 / 2475

दिनांक: 14/07/22

इसकी एक प्रति डिप्टी डारेक्टर आई0टी0 सैल एन0एच0एम0 को सूचनार्थ एवं आवश्यक कार्यावाही हेतू प्रेषित है।


सिविल सर्जन
सोनीपत

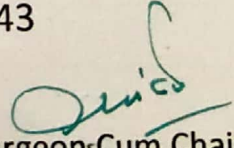
PUBLIC NOTICE

DISTRICT HEALTH & FAMILY WELFARE SOCIETY, SONIPAT

Empanelment of Specialist Doctors for Specialist services in Urban Polyclinic Jatwara, Sonipat (Advt. No. 2/2022)

Applications are invited for empanelment of specialist doctors (Medicine, Obstetrics & Gynaecology, Paediatrician, Ophthalmologist, Dermatologist, and Psychiatrist) for specialist services in Urban Polyclinic, Jatwara. The specialist doctor will be paid only Rs. 4000 per day for providing services for at least 6 hours per day and for maximum 3 days in a week. No. of visits to be decided by district authorities as per requirement and local needs. Empanelment is upto 31/03/2023 (Further Extendable if required). Interested candidates submit their application form in NHM Office under Civil Surgeon office Sonipat with the application Fees Rs. 200/-per application. For more details visit the website <http://nhmharyana.gov.in>

For more details contact Dr.Seema Contact No. 7015999143


Civil Surgeon-Cum Chairman (E)
District Health & Family Welfare Society
Sonipat

District Health & Family Welfare Society, Sonipat
APPLICATION FORM FOR EMPANELMENT OF SPECIALIST
SERVICES

For Office use only

Receipt No..... Date

Name of Specialty _____

Candidate's Name (in Capital Letters in English) _____

Father's Name : _____

Husband's Name (wherever applicable): _____

Category _____ Date of Birth: _____

Sex _____ Contact No.(Mandatory) _____

Aadhar No. _____ Family ID _____

Paste your
latest Self
Attested
Photograph

Write name and complete permanent address:-

Name:

Address:

Tehsil:

District:

State :

Pin

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Educational Qualifications:-

Educational Qualification	Year of Passing	Marks Obtained	Total Marks	% age	Division	Name of Board/ University	Subjects
10 th							
10+2							

Experience:

Sr. No.	Name & address of employer	Designation	From (Date)	To (Date)	Total period of Experience
1.					
2.					
3.					
4.					

DATE: _____

PLACE: _____

SIGNATURE OF THE CANDIDATE

(unsigned application will be rejected)