

उपायक्त का कार्यालय OFFICE OF THE DEPUTY COMMISSIONER & /तथा

अध्यक्ष / CHAIRMAN

जिला स्वास्थ्य समिति (दक्षिण अंडमान)

DISTRICT HEALTH SOCIETY (SOUTH ANDAMAN) कक्ष संख्या 40, 3. पा. कार्यालय, पोर्ट ब्लेयर - 744101

ROOM NO. 40, DC OFFICE, PORT BLAIR-744101



03192-206807

dhssouthandaman@gmail.com

03192-206809

PRESS NOTE

Walk in interview for the Posts of Medical Officer (AYUSH-AYURVEDA/HOMOEO), Staff Nurse & Driver-Cum-Attendant for Mobile Health Team, purely on contractual basis on consolidated pay for a period of 06 months under District Health Society, South Andaman (National Health Mission) is to be held at DC Office, South Andaman as detailed below:

Sl. No.	Name of the Post	No. of Vacancy	Walk in Interview Venue	Salary	Date of registration and certificate verification	Date & Time of Interview
01	Medical Officer (AYUSH- AYURVEDA/HOMOEO	01	DC Office, South Andaman	Rs. 40000/-	12 th January- 2022 at 09.00 to 10.00 a.m	12 th January- 2022 from 10.30 a.m onwards
02.	Staff Nurse	01	DC Office, South Andaman	Rs. 16000/-	12 th January- 2022 at 01.30 p.m to 03.00 pm	January- 2022 from03.00 p.m onwards
03.	Driver-Cum- Attendant	01	DC Office, South Andaman	Rs. 15000/-	12 th January- 2022 at 03.00 to 04.00 p.m	January- 2022 from4.00 p.m onwards

Interested candidates shall bring their original and photocopies of their certificates along with the bio data in the prescribed application format available in the website www.andaman.nic.in.

No TA/DA will be provided to attend the walk in interview and the candidates must register their name before one hour of the interview.

> Asst. Commissioner (Sett)/Vice Chairman, District Health Society, SA

F. No. 1-57/DHS (SA)/DC/RPS/18-19 (PF-I)/ December, 2021 Dated

To,

- 1. The Chief Editor, Daily Telegram, Port Blair with request to publish in the Daily Telegram for two consecutive days for wide publicity.
- The News Editor, Doordarshan Kendra Port Blair for Broadcasting of the same.
- The News Editor, All India Radio, Port Blair for Broadcast of the same.
- The Officer In charge, IP Divisions, Directorate of IP & T for publication of the same.
- The State Informatics Officer, State NIC A & N Islands for publication of the same in the website of A & N Administration.
- The State Programme Manager, UTHM, Port Blair for information

Asst. Commissioner (Sett)/Vice Chairman, District Health Society, SA

APPLICATION FORM													
D													
-	t Applied for:												
1. Name of the Applicant:													
	ather's Name:		4. Sex:				Sel Pho	f Attested tograph					
3. Date of Birth: 5. Present Contact Address with Telephone No.:													
6.Permanent Contact Address with Telephone No.:													
7. Languages spoken/written:													
8. Education: High school onwards, please list all your qualifications For Medical Officer (AYUSH-AYURVEDA/HOMOEO)													
For	Medical O	fficer (AYUSH-AYURVED	A/HOMO	Marks	Max.	Max	Self						
S. No	Education & P	rofessional Qualification	Institute/ Board	obtained Uni./Boards	Mark s	Marks criteria	marking per criter	ia					
(1)		(2)	(3)	(4)	(5)	(6)	(7)	(8)					
1.	Sr. Secondary	or Equivalent (12 th)				20							
2.	BAMS/BHMS o	or equivalent degree				40							
3.	Experience (if	any) in the relevant field				10							
5.	Interview					30							
		Total				100							
		THE TY THE NUMBER											
For	Staff Nurse/Pu	ablic Health Nurse				20							
		y or Equivalent (12 th)				35							
2.	B. Sc Nur	eneral Nursing & Midwifery/ sing from a recognized											
	institution/ c	ollage				05							
3.		arks for B. Sc Nursing	•			10							
4.	Experience (if	any) in the relevant field				30							
5.	Interview												
		Total				100							
D _w :	ver-Cum-Atter	ıdant				100	1	1					
1	Higher Secon	dary or Equivalent				30		-					
2.	Trade Test					30							
3.	Experience(if	any)				10							
4.	Interview					30		· · -					
1	111001	Total				100							
9. Employment Reg. No.: I AM WILLING TO AND MY HEALTH AND FAMILY CIRCUMSTANCES PERMIT ME TO SERVE AT ANY PLACE IN THE SOUTH ANDAMAN DISTRICT. THE INFORMATION GIVEN BY ME IS TRUE AND I AM SOLELY RESPONSIBLE FOR ITS ACCURACY. I AM AWARE THAT IT IS AN OFFENCE TO FURNISH ANY FALSE RESPONSIBLE FOR TO SUPPRESS ANY MATERIAL INFORMATION HEREIN FOR WHICH CRIMINAL INFORMATION OR TO SUPPRESS ANY MATERIAL INFORMATION HEREIN FOR WHICH CRIMINAL INFORMATION BE LAUNCHED AGAINST ME, IF NECESSARY, BESIDES CANCELLATION OF MY CANDIDATURE/APPOINTMENT. No of documents enclosed:													
DATE: PLACE:													