

DISTRICT AIDS PREVENTION & CONTROL UNIT (DAPCU), G. H. NAGPUR

MAHARASHTRA STATE AIDS CONTROL SOCIETY, WADALA, MUMBAI

Advt for vacant positions Web date: - 04/08/2017

Website: www.nagpur.nic.in

Recruitment

District AIDS Prevention & Control Unit and Govt. Medical College & Hospital, Nagpur Will be conducted the Walk in Interview for vacant positions and waiting list for the post of **Medical officer**, ART Centre Nagpur (on contract basis)

Post	No of Post	Facility Name	Essential Qualification & Experience	Consolidated Salary Per month
<u>Medical Officer</u>	02	ART,GMC NAGPUR	Essentially be an MBBS & Preferable trained by NACO at one of the NACO designated training centers.	36000/-

Terms & Conditions:

- 1) Above posts are temporary and totally on contract basis and selected candidates cannot claim for any regular government post.
- 2) All rights of relief in terms & conditions are with the Hon. Dean / Secretary, District AIDS Prevention & Control Committee, Nagpur .
- 3) Maximum Age limit 60 yrs.

Walk in Interview for the post of **Medical Officer** on **14/08/2017** at **Dean Office, Govt . Medical College ,Nagpur. From 2:00 pm To 4 :00pm**

Come with original Qualification Documents and one attested zerox copy along with Photograph and ID Copy.

- 1) MBBS Degree, recognized by MCI.
- 2) MMC/MCI Registration Certificate.
- 3) I/II/III rd MBBS Mark List .
- 4) Internship completion Certificate.
- 5) Experience Certificate

If any changes in the dates of Walking Interview of **Medical Officer** will be informed through Dean Office, Govt . Medical College ,Nagpur Dash board.

Dean
Govt .Medical College
Nagpur

Application Format

Passport Size
Photo to be
signed by the
candidate

1. Name of the Post : _____
2. Candidates Name : _____
Surname Name Fathers/Husbands Name
3. Date of Birth : _____
4. Correspondence Address : _____
5. Permanent Address : _____
6. E-mail ID : _____
7. Telephone No. /Mobile No. : _____
8. Caste (Sub-caste) : _____
9. Working knowledge of computer (MS Office etc.) : Yes No

10. Educational Qualification :-

Sr. No.	Educational Qualification	Name of the University / Board	Percentage	Grade

11. Experience Details :-

Sr. No.	Name of the office worked before	Designation	Period	Nature of work

12. Whether doing Private Practice: Yes/No. (If Yes. Please fill the details given below)

Sr. No.	Name of the Hospital/ Dispensary.	Time: From To	Address of the Hospital/Dispensary.	Nature of work

(The above column should be filled by candidates for the post of SMO & MO)

13. Any Other Special Qualification :-

Date :

Place :

Candidates Name & Signature