

## Annexure "IX"

No. Admin/Contract/Recruit./2023/ 7834

Date: 22/05/2023

### Civil Hospital Wardha

(Website: [www.mahasacs.org/wardha.gov.in](http://www.mahasacs.org/wardha.gov.in) )

## **Notice for Engagement of Various Positions on Contract Basis**

Under

**National AIDS Control Program (NACP-IV)**

Advt. Date: 22/05/2022

**Walk In Interview : 31/05/2023 Time. 11.30 AM**

**Civil Surgeon, District Civil Hospital Wardha, Invites eligible candidates for Walk In Interview for the following post for their appointment on contract basis under Maharashtra State AIDS Control Society, Wadala, Mumbai (MSACS), Wadala, Mumbai.**

Sr.	Name of the Posts	No. of Vacancies	Eligibility Criteria	Place of Posting	Consolidated Monthly Remuneration
1	Medical Officer	1	Essential Qualification :- MBBS with valid registration from the respective state medical council/NMC Desirable:- Work Experience in HIV/AIDS Program in field settings. Those with MD Medicine? Diploma in Medicine will be preferred.	ART Center, Civil Hospital Wardha.	72000/-

**The guidelines, eligibility criteria, application forms etc. are as following.**

- ❖ **Age:** Upper age limit is 60 years as on date of Advertisement.  
Continuation will be applicable up to 62 years for contractual service.
- ❖ **Appointment type:**  
The above-mentioned posts are temporary & purely on contract basis. While recruiting the post, initially the appointment will be given for 3 months as probation period and further continuation will be given upon successful completion of probation periods and performance evaluation. The Project Director, MSACS, Mumbai reserves the right for further continuation of the candidate.
- ❖ **Remuneration:**  
Allowances like T.A., D.A., and H.R.A. etc. are not admissible except consolidated monthly remuneration.
- ❖ **How to apply:**
  - 1) Interested candidates attend the walk in Interview with prescribed application form with Original Document, a recent passport size photographs and a set of attested photocopies of testimonials/certificates/ID proof etc.
  - 2) All further correspondence will be done only by email. (Exam. Hall Ticket, Call letters etc.). So, all candidates applying are required to write their personnel email ID and contact number on application correctly and neatly in the application form.

❖ **Other Important Notes:**

- 1) Candidates who have been discontinued based on poor performance and Candidates who are retired from Government Services and against whom disciplinary action is completed OR initiated will not be eligible any above post.
- 2) Project Director, MSACS, Mumbai reserves the right to cancel the recruitment, modify the number of posts, etc.
- 3) Canvassing in any way will lead to disqualification of the concerned candidate.
- 4) For more Contact DAPCU Dept. Civil Hospital Wardha 7152-250932



**Civil Surgeon,**  
District Civil Hospital, WARDHA

**CIVIL SURGEON,**  
*General Hospital, Wardha*



महाराष्ट्र राज्य एड्स नियंत्रण संस्था मुंबई  
जिल्हा एड्स नियंत्रण व प्रतिबंध कक्ष  
सामान्य रुग्णालय, वर्धा



फोन क्र. ०७ १५२-२५०९३२

E-mail [dpowardha@mahasacs.org](mailto:dpowardha@mahasacs.org)

आरोग्य सेवा

जाक/एआरटी/पदभरती/करारपध्दती/२३/२३  
कार्यालय:-जिल्हा शल्य चिकीत्सक, वर्धा  
दिनांक:- २२/०५/२०२३

प्रति,  
उपजिल्हाधिकारी,  
वर्धा

विषय :- आपल्या वेबसाईटवर संक्षिप्त जाहिरात प्रसिद्ध करण्याबाबत.

संदर्भ :- १. मराएनिस/प्रशासन/रिक्त पदे-पद भरती/२३-२४/१५०६१-६३ दि.: -२०/०४/२०२३

मा. महोदय,

उपरोक्त संदर्भीय विषयानुसार वरिष्ठ कार्यालय कडून प्राप्त निर्देशाप्रमाणे संबंधीत जाहिरात आपल्या वेबसाईटवर प्रसिद्ध करण्यात यावी. हि नम्र विनंती.

जिल्हा शल्यचिकीत्सक  
सामान्य रुग्णालय, वर्धा

## Application Format

To,  
Project Director,  
Maharashtra State AIDS Control Society,  
Wadalal (W), Mumbai - 31.

Passport Size  
Photo to be  
signed by the  
candidate

1. Application for the Post : \_\_\_\_\_
2. Candidates Name : \_\_\_\_\_
3. Date of Birth : \_\_\_\_\_  
Surname                      First Name                      Middle Name  
Age as on \_\_\_\_\_ Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_
4. Correspondence Address : \_\_\_\_\_  
\_\_\_\_\_
5. Permanent Address : \_\_\_\_\_  
\_\_\_\_\_
6. E-mail ID : \_\_\_\_\_
7. Tel. No. /Mobile No. : \_\_\_\_\_
8. 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 table should be filled by candidates who is practitioner doctor)

13. Any Other Special Qualification :-

Date :

Place :

Candidates Name & Signature

