

## महाराष्ट्र शासन आरोग्य सेवा

कार्यालय - जिल्हा शल्य चिकित्सक  
कार्यालय सामान्य सामान्य रुग्णालय यवतामळ

दुरध्वनी क्र. ०७२३२ - २४३१६२ २४२४६५ फॅक्स

E-Mail Ads:- csyavatmal@gmail.com

२४३१५६ निवास

Date:- 30/7/2026

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

Under

Maharashtra State AIDS Control Society, Mumbai

Advt. Date: - 30/7/2026

Last date of submit application: - 14/8/2026

Civil Surgeon, District Civil Hospital Yavatmal invites application from eligible candidates for the following post for their appointment on contract basis under Maharashtra State AIDS Control Society, Wadala, Mumbai (MSACS),

| Sr. No | Name of the Posts      | No. of Vacancies                      | Eligibility Criteria                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Consolidated Monthly Remuneration |
|--------|------------------------|---------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| 1      | Senior Medical Officer | 1<br>ART Center<br>SVNGMC<br>Yavatmal | <b>Essential Qualification:</b><br><br>MBBS with Valid registration from the respective state Medical Council/NMC or<br>MBBS Post Graduate (MD Diploma) including DNB in any Clinical discipline recognised by NMC<br><b>Desirable :</b><br>Work Experience in HIV/AIDS Programme in field setting.<br>Those MD Medicine /Diploma in Medicine will be preferred<br><b>Essential Experience :</b><br>3 Years' experience needed for MBBS Candidate Fresher<br>Post Graduates from Clinical Discipline will also be considered Good Working Knowledge of computer MS Office | Rs. 90,000/-                      |

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

❖ **Age:**

For Senior Medical Officer Post Upper age limit is 62 years as on date of Advertisement for Continuation will be applicable up to 65 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 may apply in prescribed application form with a recent passport size photographs and a set of attested photocopies of testimonials/certificates/ID proof etc.
- 2) The application is to be submit on attached format only
- 3) Applications can be either sent through registered/speed post or can be submitted in person in the office of the **Civil Surgeon Office Near Postal Ground Yavatmal 445001** on all working days between the advertised date and closing date where the candidate(s) wish to apply.
- 4) Last date for submit the application is **14/8/2026** applications received after this date will not be considered.
- 5) 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.
- 6) Candidate should apply separately for each post.
- 7) After scrutinizing, the applications received in due date, short-listed candidates will be called for written examination / interview.
- 8) Application received by Email or received after last date ,will not be consider
- 9) Late Submission form, short form ,not fulfil of Qualifications & Other Criteria form information will not inform to candidate by this office. So Submit form & Attach document very carefully.

❖ **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) Wetting List will be applicable for next one year from advertisement
- 5) Appointment order will be issued from Project Director, MSACS, Mumbai as per merit list.

  
SD/-

Civil Surgeon,

District Civil Surgeon Office, Yavatmal

**Civil Surgeon**  
**Civil Surgeon Office Yavatmal**

Passport Size  
Photo to be signed  
by the candidate

## Application Format

To,  
Civil Surgeon  
Civil Surgeon Office Yavatmal

1. Application for the Post : \_\_\_\_\_

2. Candidates Name : \_\_\_\_\_

Surname

First Name

Middle Name

3. Date of Birth : \_\_\_\_\_

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

9. **Educational Qualification:-**

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

10. Experience Details :-

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

11. 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/Disp nry. | Nature of work |
|---------|-----------------------------------|---------------|-----------------------------------|----------------|
|         |                                   |               |                                   |                |
|         |                                   |               |                                   |                |
|         |                                   |               |                                   |                |
|         |                                   |               |                                   |                |
|         |                                   |               |                                   |                |

(The above table should be filled by candidates who is practitioner doctor)

12. Any Other Special Qualification :-

Date :

Place :

Candidates Name & Signature