

महाराष्ट्र राज्य एड्स नियंत्रण संस्था, मुंबई व जिल्हा शासकीय रुग्णालय, नाशिक
मार्फत जिल्हा एड्स नियंत्रण व प्रतिबंध विभाग (डापकु), नाशिक

डापकु कार्यालय 0२५३ - २५७६७२०

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जाक्र/जिरुना/डापकु/

No. Admin/Contract/Recruit./84/2025

दि. :

Date: 26/05/2025

Notice for Engagement of Staff Nurse Position Contract Basis

Under

MAHARASHTRA STATE AIDS CONTROL SOCIETY, MUMBAI

Advt. Date: 26/05/2025

Last date of submit application: 09/06/2025

District Civil Surgeon, District Civil Hospital Nashik invites application from eligible candidates 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	Consolidated Monthly Remuneration
1	ART STAFF NURSE	One - ART MALEEGAON	<p><u>Essential Qualification</u> B.Sc Nursing or GNM Candidate must be registered in State nursing council</p> <p><u>Desirable</u> Community Candidates from HIV infected and affected as well as key communities</p> <p><u>Essential Experience</u> The Candidate should be computer literate with working knowledge of MS office usage of internet and electric mail Engagement with key populations and affected communities at field level.</p>	21,000/-

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 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 A4 size paper only.
- 3) Applications can be either sent through registered/speed post or can be submitted in person in the office of the " **District Civil Surgeon, District Civil Hospital, Administrative Building, Trambak Road, Near Golf Club Ground, Nashik Dist.Nashik Pin Code 422002** " 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 **09/06/2025** 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.

❖ **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) Appointment order will be issued from Project Director , MSACS Mumbai as per merit list.



Sd/-

District Civil Surgeon,
District Civil Hospital, Nashik
जिल्हा शल्य चिकित्सक
जिल्हा रुग्णालय, नाशिक.

Application Format

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

Passport Size
Photo to be
signed by the
candidate

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
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/Disp nry.	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