

**GOVERNMENT OF NAGALAND  
DIRECTORATE OF HEALTH AND FAMILY WELFARE  
NAGALAND: KOHIMA**

**Dated Kohima, the 08<sup>th</sup> June 2020.**

**ADVERTISEMENT**

**No: DHFW-1-534/COVID-19/2019-2020/ 1656-60** : In pursuance to Government approval letter No.HFW(A)COVID-19/Appt-13/17/2020/270 dated 6<sup>th</sup> June 2020, applications are invited for filling of existing vacancies of the 36 posts of Medical Officer/ Junior Specialist on contingency basis for a period of 12 months.

- The Terms & Conditions and Prescribed Format of Application can be downloaded from the department web site: <https://nagahealth.nagaland.gov.in/>

NB: No Application Forms will be issued from the office.

- Last Date of Submission of Application 15<sup>th</sup> June 2020 through email to:- pddhfw@gmail.com



**(DR. VIZOLIE Z SUOKHRIE)**

Principal Director  
Directorate of Health & Family Welfare  
Nagaland::Kohima

**No: DHFW-1-534/COVID-19/2019-2020/  
2020.**

**Dated Kohima the 8<sup>th</sup> June**

Copy To:

1. The Commissioner & Secretary to Governor of Nagaland, Kohima for kind information.
2. The Addl Chief Secretary to Chief Minister, Nagaland, Kohima for kind information.
3. The Sr. P.S to Minister Health & Family Welfare, Nagaland, Kohima for kind information.
4. The Deputy Secretary to Chief Secretary, Nagaland, Kohima for kind information.
5. The Director, IPR Department for wide publicity.
6. Guard file/ Office copy.



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**Terms and Conditions:**Vide letter No: HFW(A)COVID-19/ Appt-13/17/2020/ 270 Dt. 6<sup>th</sup> June 2020:

1. The salaries are fixed at Rs. 72,832/- for medical officers and Rs. 79,509/- for junior specialists.
2. The engagement shall be for a period of 1 (one) year only. Finance clearance shall be obtained if their services are required beyond the said period.
3. The appointees shall have no right to claim for regularization of the contingency service on any ground whatsoever.
4. No sundry service benefits, such as Non-practicing Allowance, Earned Leave etc. Save for the casual leave (12 days), shall be admissible during the course of 12 months contingency engagement.
5. The engagement salary carry the liability of service/posting within and outside the State.
6. The engagement shall be liable to be terminated at the time without any notice and without assigning any reasons thereof.

The above mentioned doctors shall report to the respective Chief Medical Officer/ Medical Superintendent within 7 (seven) days from the date of issue of the Appointment Order.

**Eligibility Criteria:**

Name of Post	Medical Officer	Junior Specialist
No of Post		36
Qualification	<ol style="list-style-type: none"> <li>MBBS degree from a recognized University.</li> <li>Registered medical practitioner under any State Medical Council, provided that upon successful selection, the candidate shall transfer his/her registration to Nagaland Medical Council.</li> </ol>	<ol style="list-style-type: none"> <li>Post Graduate or Post Doctoral degree from a recognized University in any of the following disciplines- Anesthesiology, Pediatrics, Obs&amp;Gynea, Medicine, Surgery, Ophthalmology, Otorhinolaryngology, Radio-oncology &amp; Radiodiagnosis</li> <li>Registered medical practitioner.</li> </ol>
Pay Band along with any other admissible benefits	Medical Officer: Pay Matrix L13 Total pm: Rs. 72832.00 Junior Specialist (PG Degree): Pay Matrix L13 Total pm: Rs. 79509.00	
Selection Criteria	<ol style="list-style-type: none"> <li>Aggregate of Marks obtained in different examination of MBBS course will carry a weightage of 75% of the total.</li> <li>Oral Examine through webinar (Skype or Zoom) will carry a weightage of 25% of the total.</li> <li>Terms &amp; Conditions including age, reservation, etc shall be as per extant Govt Policy.</li> </ol>	<ol style="list-style-type: none"> <li>Aggregate of Marks obtained in different examination of Post Graduate or Post Doctoral course will carry a weightage 75% of the total.</li> <li>Oral Examine through webinar (Skype or Zoom) will carry a weightage of 25% of the total.</li> <li>Terms &amp; Conditions including age, reservation, etc shall be as per extant Govt Policy.</li> </ol>
Prescribed Format of Application	Can be downloaded from: <a href="https://nagahealth.nagaland.gov.in/">https://nagahealth.nagaland.gov.in/</a>	
Last Date of Submission of Application by email	<ul style="list-style-type: none"> <li>15<sup>th</sup> June 2020</li> <li>pddhfw@gmail.com</li> </ul>	



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**APPLICATION FORM FOR MEDICAL OFFICER/ JUNIOR SPECIALIST**

1	FULL NAME OF THE CANDIDATE (IN BLOCK LETTERS)	
2	FATHER'S/ HUSBAND'S NAME (IN BLOCK LETTERS)	
3	GENDER	
4	DATE OF BIRTH AS PER HSLC/ MATRIC ADMIT CARD	
5	FULL POSTAL ADDRESS (IN BLOCK LETTERS) DO NOT WRITE YOUR NAME	
6	EMAIL	
7	PHONE NUMBER	
8	IF BT, NAME OF THE TRIBE	
9	NAME(S) OF THE POST(S) APPLIED FOR IN ORDER OF PREFERENCE	1. 2.
10	IS ANY AGE RELAXATION CLAIMED? (YES/NO) IF YES, GIVE DETAILS:	
11	ADVERTISEMENT NUMBER:	
12	HAVE YOU EVER BEEN DEBARRED FROM APPEARING IN ANY COMPETITIVE EXAMINATION	
13	LIST OF DOCUMENTS ATTACHED (NOTE THAT MARK SHEETS SHOULD BE IN CHRONOLOGICAL ORDER)	1.                                  6. 2.                                  7. 3.                                  8. 4.                                  9. 5.                                  10.

Space for  
photograph

Paste one clear and  
recent passport size  
photograph

(3.5 X 4 CM)

**14. EDUCATIONAL QUALIFICATION (MATRICULATION/ HSLC ONWARDS):**

LEVEL	PERCENTAGE SCORED	YEAR OF PASSING	SUBJECT	BOARD/ UNIVERSITY

**15. DETAILS OF EMPLOYMENT (for those who are employed)**

NAME OF THE POST	PERIOD		NAME OF THE DEPARTMENT/ FIRM/ INSTITUTION
	FROM	TO	

**“NO OBJECTION CERTIFICATE”**

(For Government employees only)

Certified that (Name of employee) holds the post of \_\_\_\_\_ in (Name of the Department) \_\_\_\_\_ and that nothing adverse about her/ his character is known to me and also that I have no objection for her/ him to appear in any examination/ interview for seeking employment.

Place: \_\_\_\_\_ Date: \_\_\_\_\_

Name & Signature of the Head of Department (with Seal)

**16. DECLARATION:**

I hereby declare that all statements made in this application are true, complete and correct to the best of my knowledge and belief. In the event of any information being found false or correct or ineligibility detected, I am liable to be disqualified.

PLACE: \_\_\_\_\_ DATE: \_\_\_\_\_

\_\_\_\_\_

CANDIDATE'S SIGNATURE

**INSRUCTIONS TO APPLICANTS**

1. Only candidates who possess degree qualification at the time of applying will be eligible to apply for the post(s).
2. Candidates who have downloaded the online application form should fill up and scan the filled application form and send through email to [pddhfw@gmail.com](mailto:pddhfw@gmail.com).
3. No Objection Certificate from the Head of Department/ Public undertaking to be furnished on the body of the application itself, only in case the applicant is an employee of the Government or Public undertaking.
4. Attested photocopy of the following documents/ materials should be scanned and enclosed.
  - a. HSLC/ Matriculation/ Equivalent Admit Card for proof of Date of Birth. No other Certificate will be accepted for age proof.
  - b. Indigenous Inhabitant Certificate.
  - c. Schedule Tribe Certificate/ Backward Tribe Certificate as relevant and applicable.
  - d. Proof of Educational Qualification: Mark Sheets & Pass Certificate from Matriculation onwards till requisite qualification (Provisional Certificate for Degree if original Pass Certificate is not yet issued ny institute/ University)
  - e. Intership completion Certificate & Registration Certification issued by Medical Council of India/ State Medical Council.