



MISSION DIRECTOR, NATIONAL HEALTH MISSION, J&K

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ADVERTISEMENT NOTICE

In order to ensure compliance towards the conditionality emphasized upon by the Ministry of Health & Family Welfare, Govt. of India, for expanding the coverage of National Mental Health Programme (NMHP) in all the Districts of the State and to ensure linkage at the grass-root level, applications are invited from eligible candidates, for contractual hiring of services with respect to following vacant posts under NMHP, as per details given as under:

S. No.	Post	No. of Positions	Essential Qualification	Selection Criteria	Location
1.	Clinical Psychologist Remuneration Rs.11,000/- per month	17	Qual.: Post graduation in Psychology/ Sociology/ Masters of Philosophy in Medical & Social Psychology/ Masters of Philosophy in Mental Health & Social Psychology Age: Upto 45 Yrs	(i) Postgraduate degree in Psychology/ Sociology/ Masters of Philosophy in Medical & Social Psychology or Masters of Philosophy in Mental Health & Social Psychology = 80 Points (ii) Viva Voce = 20 Points Note: Item (i) on pro-rata basis	Kathua, Samba, Rajouri, Poonch, Udhampur, Reasi, Ramban, Doda, Kishtwar, Anantnag, Shopian, Srinagar, Budgam, Baramulla, Kupwara, Leh, Kargil
2.	Psychiatric Social Worker Remuneration Rs.11,000/- per month	16	Qual.: Post graduation in Psychology/ Sociology/ Mental Health/ Psychiatric Social Work. Age: Upto 45 Yrs	(i) Postgraduate degree in Psychology/ Sociology/ Mental Health/ Psychiatric Social Work = 80 Points (ii) Viva Voce = 20 Points Note: Item (i) on pro-rata basis	Samba, Rajouri, Poonch, Udhampur, Reasi, Ramban, Doda, Kishtwar, Anantnag, Shopian, Srinagar, Budgam, Baramulla, Kupwara, Leh, Kargil

APPLICATION FORM
State Health Society
NATIONAL HEALTH MISSION, J&K

1. Post & District applied for _____
2. Name of Candidate _____
3. Parentage _____
4. Date of Birth _____
5. Address _____
 District _____, Block _____
6. E-mail/ Contact No. _____
7. Details of Qualification:



Examination Passed	Examining Body/ Board/ University	Year of Passing	Marks Obtained	Total Marks	%age

8. Date of completion of qualifying degree: _____
9. Post Qualification Experience, if any :
 Duration: _____ Years: _____ Months
10. Documents enclosed:
 a) _____ b) _____
 c) _____ d) _____

11. I do hereby declare that
 - a) The Statements in this application are true to the best of my knowledge and belief;
 - b) I have never been debarred from appearing in any examination/ interview;
 - c) I have never been arrested/ prosecuted or involved in any criminal case registered by the police or convicted by the criminal court;
 - d) I undertake that any wilful concealment of the facts shall result in the cancellation of my candidature and the State Health Society may also debar me from applying for future selection.

I shall accept the selection made by the selection committee which will be binding on me.

Signature of Applicant.

Note: The candidates need to attach documentary evidence along with the application form, which supports the statements made in the form.