DIRECTORATE OF HEALTH SERVICES, HARYANA, SECTOR - 6, PANCHKULA

Recruitment for one post of Advisor on contractual basis for Tertiary Cancer Care Centre (TCCC), Civil Hospital, Ambala Cantt.

Name of the post	Educational Qualification	Honorarium per month	Age limit
Advisor	1. Eligibility/Qualification	Rs. 1,55,000/- fixed pay	Upto 67 years.
	 i. Basic Degree in Medicine (MBBS) from Recognized University and ii. A post graduate Degree (MD) in Radiation Therapy/Radiation Oncology. 	Throu puy	yours
	Experience- Minimum 10 years of experience working on LINAC, HDR Brachytherapy, CT Simulator etc. in a Radiotherapy Centre. Faculty of Recognized Medical College will be preferred (Retired/in Service)		
	Job responsibilities – To supervise/ Operationalize & Running of TCCC & other responsibilities assigned from time to time.		

I. Eligible candidates should submit the application on the Prescribed Proforma completed in all aspects latest by 27.04.2021 upto 5:00 pm through speed post/registered post at the following address –

Director General Health Services, Haryana, (NCD Division)
Sector-6, Panchkula, Haryana

- II. Incomplete Application Form received beyond due date will not be accepted.
- III. Date/time/venue of interview shall be intimated on official website of the department/email/telephone no. of the candidate.
- IV. No TA/DA will be given to the candidates for appearing in interview.
- V. Participants should bring two passport size photographs & attested copies of Education Qualification & Experience certificate, alongwith original certificates for verification at the time of interview.
- VI. Department reserves the right to increase or decrease the number of Posts or cancel the interview or entire selection process.
- VII. In case of any query please contact at email ID: npcdcsharyana@gmail.com

Application Form for the contractual post of Advisor for Tertiary Cancer Care Centre (TCCC) at Civil Hospital, Ambala Cantt

Health Department, Haryana

(To be filled in by the candidate in his/her own handwriting)

1. Name of	the Applicant					
2. Father's	2. Father's Name					
	3. Date of Birth					
(Attach 1	matriculation certi	ificate as proc	of of D.O.B)			
4. Present Po	ostal Address with	n Pin Code				
5. Permanen	t Postal Address v	with Pin Code	2			
6. Telephone	e No. (with STD o	code)				
Mobile N	o. (Mandatory) 1))	2)			
7. E-mail (M	Iandatory) 1)					
	2)					
8. Medical C	Council with which	h registered_				
Permaner	nt Registration Nu	mber and Dat	te of Registration	1		
9. Education	al Qualifications	as per eligibil	lity criteria (Acad	demic & Professi	ional)	
Qualification	University/	Year of	Maximum	Marks	%age	
Quamication	College	passing	Marks (aggregate)	Obtained (aggregate)	(aggregate)	
MBBS						
MD						
Any other						

10. Do you have adequate knowledge of Hindi? (Yes/No) _____

11. Details of Employment (Starting to current employment)

Sr.	Name & Address	Whether Govt./	From	То	Post	Scale of	Nature of
No.	of Employer	Semi Govt./Pvt.	(Date)	(Date)	Held	Pay & total	duties
		Ltd./ Pvt. etc.				emoluments	Performed
1.							
2.							
3.							
4.							

12. List of Enclosures:

Documents	Please write "YES" for attached document
Matriculation Certificate	
M.B.B.S Mark sheet of all Profs	
MBBS Degree	
MCI/State Council Registration Certificate	
MD Degree	
Experience Certificates	

13. **Declaration:** - I hereby declare that all the statements made by me in this application are true and correct to the best of my knowledge and belief. Nothing has been concealed and no part of it is false. If at any later stage, the above information is found to be incorrect and the certificate(s)/testimonial (s)/degree (s) or any other document determining my eligibility to hold the post, are found fake, then my candidature for the post is liable to be rejected and my services are liable to be terminated without any notice and I shall be liable for legal action under Section 182, Section 145 read with Section 417 and Section 420 of Indian Penal Code as the case may be.

riace:	
Date:	Signature of Applican