

NOTIFICATION FOR THE POST OF CLERK CUM DATA ENTRY OPERATOR (CONTRACTUAL) DISTRICT MENTAL HEALTH PROGRAMME, DIRECTORATE OF HEALTH SERVICES, THIRUVANANTHAPURAM

No: PH4-39610/18/DHS

Directorate of Health Services
Thiruvananthapuram, dated: 11/10/2018

1.	No. of Post	One
2.	Qualification and Experience	Any Degree with DCA & 1 year post qualification Experience
3.	Age	Maximum 36 years as on 1.4.2018
4.	Method of recruitment	On contact basis
5.	Consolidated Pay	Rs. 19,000/- per month

GENERAL TERMS AND CONDITIONS

1. The applications that are not complete in all respect will not be considered.
2. The applicant should have excellent writing skills in English and Malayalam and should be proficient in computer use. Through knowledge of MS Office is essential.
3. Selection will be based on qualification, experience and performance in the written test / interview.
4. The selected candidate will be appointed on contract initially for a period of three months. The DMHP at its discretion, based on the performance and integrity of the selected candidate may extend the period of contract.
5. Claims in respect of qualifications/experience etc. should be supported by copies of relevant documents. Candidates should produce the originals at the time of interview.
6. No TA/DA will be paid for the interview.
7. All communications including the interview call letter will be sent by speed post.
8. The appointment is purely temporary in nature and the selected candidate will have no claim for permanency of job in Health Service Dept/Govt.
9. Selected candidate will be governed by rules and regulations of DMHP in force from time to time.
10. The envelope containing application should be super scribed " Application for the post of Clerk cum Data Entry Operator, DMHP".
11. The last date for receipt of application is 25/10/2018, 5.00PM.

Address for sending the applications

Additional Director of Health Services (Medical)
Directorate of Health Services
Near General Hospital
Thiruvananthapuram 695035

Additional Director of Health Services (Medical)

11/10

APPLICATION FROM FOR THE POST OF DATA ENTRY OPERATOR IN DMHP
DIRECTORATE OF HEALTH SERVICES
THIRUVANANTHAPURAM

1. Name of the Applicant (in Capital Letters) :
2. Age and Date of Birth :
3. Name of Father :
4. Marital Status :
5. Mobile Number & email Id :
6. Address for correspondence :
7. Academic Qualifications
(Copy of certificates to be enclosed) :
8. Technical Qualifications
(Copy of certificates to be enclosed) :
9. Experience
(Copy of certificates to be enclosed) :


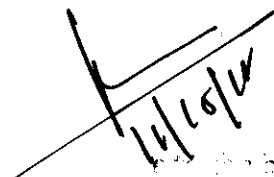
DECLARATION

I do hereby declare that the details furnished above are true to the best of m knowledge and belief.

Place:

Date:

Signature of the Applicant


11/10

14/05/14