**NATIONAL LEPROSY ERADICACTION PROGRAMME**

**DEPARTMENT OF HEALTH & FAMILY WELFARE**

**GOVERMENT OF SIKKIM**

 **CONVOY GROUND, TADONG**

**737102**

**No.203/NLEP/2021-22 Dated:26.10.21**

Applications are invited in the prescribed format from the eligible candidates for the post of Contractual Para Medical Worker under National Leprosy Eradication Programme (NLEP).

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| --- | --- | --- | --- |
| S.no. | Post Name | No of posts | Educational Qualification |
| 01 | Para Medical Worker | 02 | Essential* High school/Higher Secondary holding Certificate of PMW training

OR* MSW/BSC with 3 years experience in the field of Health

Desirable* Field experience in Leprosy for one year
* One year diploma in Computer Application
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**Age:** 18 to 25 years. Relaxation of 5 years for SC & ST candidates. 3 years for OBC

The applicants should enclose all the certificates with self-attestation in respect of Educational Qualification, Technical Qualification, and Experience Certificate. Further other relevant documents should be enclosed (CoI, Caste Certificate). The last date of receipt of application is 12 Nov’2021. The advertisement and application format can be download from the website link: ww.nhmsikkim.org

Filled application with necessary enclosure should be sent by mail to (leprosysikkim@rediffmail.com) or in person addressed to ‘***The Director Health Services, National Leprosy*** ***Eradication Programme’.*** Incomplete and incorrect application, without signature in the application, without photo and document copies, false information given in the application and application received after due date will be summarily rejected.

 Dr. Tenzing Doma

 Director Health Services

 National Leprosy Eradication Programme

**Application for the post of Para Medical Worker**

(Paste Self attested Passport size photograph)

1. Name:
2. Father/Husband Name:
3. Age:
4. Date of Birth:
5. Sex (Male/Female):
6. Community:
7. Nationality/Religion:
8. Address for communication
9. E-mail address/contact number:
10. Educational & Technical Qualification

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Sl. No. | Exam passed | Govt/Private | Year of passing | Board/Institute | Percentage of marks obtained |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |

1. Duration of the course (in the relevant field):
2. Experience/details of employment in chronological order

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name & address of the Govt/Private institution | Name of the post & status (permanent or temporary | Period | Scale of pay of the post | Nature of work |
| from | to |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**UNDERTAKING**

*I hereby declare that all the statements made in this application are true and completed the best of my knowledge & belief. I understand that the department can take action against me in case, I am declared by them to the guilty of furnishing any wrong information or suppressing any facts*

 Signature of the Candidate

Date:

Place: