

No.DAPCU/Admin/contract/Recruit/

Date : 24/02/2023

**Dean , Dr.S.C.G.M.C. Nanded**

Website : [www.mahasacs.org](http://www.mahasacs.org), [www.nanded.gov.in](http://www.nanded.gov.in)

**Notice for Engagement of Various position on Contract Basis**

Under

**Maharashtra State AIDS Control Society, Mumbai.**

**Advt. Date : 01/03/2023**

**Last date of submit Application : 08/03/2023**

Dean , Dr.S.C.G.M.C. Nanded invites application from eligible candidate for the following post for their appointment on contract basis under **Maharashtra State AIDS Control Society, Wadala, Mumbai.**

Sr. No.	Name of Post	No. of Post	Eligibility Criteria	Consolidated Monthly Remuneration
01	Medical Officer	02	Essentially be MBBS with trained by NACO at one of the NACO designated training center	72000/- Rs

**The guidelines, eligibility criteria, application forms etc. are as following.**


- ❖ **Age:** Upper age limit is 68 years as on date of Advertisement for Recruitment. Continuation will be applicable up to 70 years for contractual service.
- ❖ **Appointment type:** The above-mentioned posts are temporary & purely on contract basis. While recruiting the post, initially the appointment will be given for 3 months as probation period and further continuation will be given upon successful completion probation periods and performance evaluation. The Project Director, MSACS, Mumbai reserves the right for further continuation of the candidate.
- ❖ **Remuneration:** Allowances like T.A., D.A., and H.R.A. etc. are not admissible except consolidated monthly remuneration.
- ❖ **How to apply:**
  - 1) Interested candidates may apply in prescribed application form with a recent passport -size Photographs and a set of attested photocopies of testimonials/certificates/ID proof etc.
  - 2) The application is to be submitted on A4 size paper only.
  - 3) Applications can be either sent through registered/speed post or can be submitted in person in the office of the **DEAN Office, Dr.S.C.G.M.C. Vishnupuri ,Nanded-431606** on all Working days between the advertised date and closing date where the Candidate(s) wish to apply.
  - 4) Last date for submit the application is -08/03/2023, applications received after this date will not be considered.
  - 5) All further correspondence will be done only by email. (Exam. Hall Ticket, Call letters, interview letters And Appointment Order etc.). So, all candidates applying are required to write their

**Personnel email ID and contact number** on application correctly and neatly in the application form.

- 6) After scrutinizing, the applications received in due date, short-listed candidates will be call for written examination / interview.
- 7) Application received by Email or received after last date, will not be consider.
- 8) Late Submission Form, Short Form, Not Fulfil of Qualifications and other criteria Form Information will not inform to candidate by this office. So, submit form and attached document very carefully.

❖ **Other Important Notes:**

- 1) Candidates who have been discontinued based on poor performance and Candidates who are retired from Government Services and against whom disciplinary action is completed OR initiated will not be eligible any above post.
- 2) Project Director, MSACS, Mumbai reserves the right to cancel the recruitment, modify the number of posts, etc.
- 3) Canvassing in any way will lead to disqualification of the concerned candidate.



**Dean**

Dr.S.C.G.M.C. Nanded

Application Format

Passport Size  
Photo to be  
signed by the  
...

1. Name of the Post :
2. Candidates Name :
3. Date of Birth :
4. Correspondence Address :
5. Permanent Address :
6. Email :
7. Telephone No. /Mobile No.:
8. Caste (Sub-caste) :
9. Working knowledge of computer (MS Office etc.) :

10. **Educational Qualification :-**

Sr. No.	Educational Qualification	Name of the University / Board	Percentage	Grade
1				
2				
3				
4				
5				
6				
7				

11. **Experience Details :-**

Sr. No.	Name of the office worked before	Designation	Period	Nature of work
1				
2				

12. Whether doing Private Practice: Yes/No. (If Yes. Please fill the details given below)

Sr. No.	Name of the Hospital/ Dispensary.	Time: From To	Address of the Hospital/Dispensary.	Nature of work

(The above column should be filled by candidates for the post)

13. Any Other Special Qualification :-

Date :  
Place :

SIGNATURE