



राजस्थान सरकार  
निदेशालय चिकित्सा एवं स्वास्थ्य सेवाये, राजस्थान, जयपुर  
स्टेट हैल्थ सोसायटी (एन.सी.डी.)



क्रमांक: चि.प्र./एनसीडी/2015/

दिनांक

## अनौपचारिक टिप्पणी

विषय:—रिहेबिलिटेशन वर्कर के पदों की भर्ती हेतु सूचना विभागीय वेब साईट पर प्रदर्शित करने बाबत

उपरोक्त विषयान्तर्गत नेशनल प्रोग्राम फॉर हैल्थ केयर ऑफ द एल्डर्ली (एनपीएचसीई) कार्यक्रम के अन्तर्गत रिहेबिलिटेशन वर्कर के 102 संविदा पदों की भर्ती Walk in Interview के आधार पर निदेशालय में दिनांक 04 से 07 जनवरी, 2016 को की जायेगी, जिस हेतु पद से संबंधित विवरण, नियम एवं शर्तें संलग्न कर लेख हैं कि उक्त समस्त सूचना को विभागीय वेब साईट पर प्रदर्शित कराने का श्रम करावें।

संलग्न:—पदों का विवरण, नियम एवं शर्तें।

LM  
(डॉ. आर.एन. मीना)  
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✓ प्रभारी, सर्वर रूम,  
मुख्यालय।

क्रमांक: एन.सी.डी./रिहेब./2015/ 781

दिनांक: 23.12.2015

## विज्ञापन

राजस्थान सरकार  
निदेशालय, चिकित्सा एवं स्वास्थ्य सेवायें, राजस्थान, जयपुर

क्रमांक: जन स्वा./एनसीडी/2015/778

दिनांक 22.12.15

### WALK IN INTERVIEW

निदेशालय चिकित्सा एवं स्वास्थ्य विभाग के अन्तर्गत संचालित राष्ट्रीय कार्यक्रम NPHCE के तहत चयनित जिलों में **Rehabilitation Worker** के 102 संविदा पदों की भर्ती **Walk in Interview** के आधार पर की जावेगी, इच्छुक अभ्यर्थी पद से संबंधित समस्त दस्तावेजों के साथ दिनांक 04 से 07 जनवरी 2016 को स्वास्थ्य एवं परिवार कल्याण प्रशिक्षण केन्द्र (R.F.P.T.C.), हीरा बाग, भवानी सिंह मार्ग, जयपुर में प्रातः 10.00 बजे उपस्थित हों। जिसका सम्पूर्ण विवरण विभागीय वेब साईट [www.rajswasthya.nic.in](http://www.rajswasthya.nic.in) पर उपलब्ध है।

निदेशक(जन स्वा.)

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**Government of Rajasthan**  
**Directorate, Medical & Health Services,**  
**Swasthya Bhawan, Tilak Marg, C-scheme, Jaipur**

**Deatail of Post**

Rajasthan State Health Society (NPHCE) Jaipur invite candidates through walk in interview for following mentioned posts on purely contractual basis at selected NCD programme districts.

S. No.	Name of Post	Category wise No. of Post				Pay	Qualification	Age Limit	Experience
1.	Rehabilitation worker	<b>Cat.</b>	<b>Male</b>	<b>Female</b>	<b>Total</b>	Rs. 18,000/- Per month	1. 10+2, 2. One and half year certificate course of Multirehabilitation Worker from recognized institute, Registered as Rehabilitation personnel under rehabilitation council of India Act. 1992 3. or BPT/MPT	up to 40 years on 31.12.15	At least 1 years experience of working in Hospital
		TSP ST	3	0	3				
		TSP SC	1	0	1				
		Gen.	37	15	52				
		SC (16%)	11	4	15				
		ST (12%)	8	3	11				
		OBC (21%)	14	5	19				
		SBC (1%)	1	0	1				
		<b>Total</b>	<b>75</b>	<b>27</b>	<b>102</b>				
		<b>Horizontal reservation</b>							
PH (3%)	Divorce (8%)	Widow 2(%)	Ex.Ser. (12.5%)						
3	8	2	12						

Detail of post, Job description, Essential Qualification, Experience, Age limit, General Instruction & Term and Condition are available on website: [www.rajswashya.nic.in](http://www.rajswashya.nic.in) any may be had From Room No. 108, Swasthya Bhawan.

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### Term of references for staff at Community Health Centre under NPHCE

Job title: Rehabilitation Worker (NCD)

Qualifications:

Essential

1. 10+2 or equivalent qualification
2. One and half year certificate course of Multi Rehabilitation worker from a recognized institute;
3. Registered as Rehabilitation Personnel under Rehabilitation Council of India Act 1992.
4. or BPT/MPT

Desirable:

At least 1 year experience of working in a Hospital.

Age Limit: 40 years.

**Job requirements/responsibilities:**

1. To manage and follow up patients requiring physiotherapy services.
2. To provide physiotherapy services at Hospital.
3. To make domiciliary visits for providing physiotherapy services to bedridden patients.
4. To counsel patient and their family about risk factors of NCDs.
5. Any other job assigned by concerned officers.

Remuneration: Rs. 18000/- per month (consolidated).

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**GENERAL INSTRUCTION FOR THE POSTS OF REHABILITATION  
WORKER**

- Contract will be signed for period not exceeding one year at CM&HO level.
- Committee/Society reserves the right to reject any application without assigning any reason and the decision of the society/committee shall be final.
- This recruitment process is to be conducted as per the Finance Department circular F.1(4)FD/Rules/2011 pt.II dated 27 July, 2014 and MD, NHM Direction No. F.20(513)NRHM/HRD/2014/517 dated 30.09.2014.
- All candidate who with to appear in the interview must bring all document in original and an extra set of self attested documents along with the application form in the necessary having recent photograph of the candidate affixed on it at the space provided.
- No TA/DA or any other expenses or claims shall be borne/reimbursed to candidates for appears in the interview.
- Experience certificate produced/submitted by all candidate must have clear mention about the date, serial number and complete contact details of issuing authority.
- Recruitment will be done on basis of interview and the decision of the committee shall be considered final.

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**Application Format**

Please paste  
recent passport  
size photograph

To,  
State Nodal Officer (NCD),  
Directorate of Medical & Health Services,  
Swasthya Bhawan, Tilak Marg, C-scheme, Jaipur.

**Walk in Interview date: .....**

1. Position applied for : .....
2. Name (In Block Letters) : .....
3. Father's/Husband's Name : .....
4. Date of Birth (DD/MM/YY) :       5. Sex: Male  Female
6. Marital Status : Single  Married  7. No. of Children:
8. Permanent Address : .....
9. E-mail ID(Must) : .....
10. Mobile No. (Must) : .....

11. Educational qualification please list your qualifications starting from the highest qualification attained :-

S. No.	Degree/ Diploma	University/ Board/ Institute	Year of Passing	Max. Marks	Obtained marks	Percentage/ Rank/Grade	Major Subjects
1	X <sup>th</sup>						
2	XII <sup>th</sup>						
3	Certificate Course of Multirehabilitation Worker						
4	BPT/MPT						
5							

12. Employment history (Starting from the present one):

S. No.	Name of organization/ Employer	Designation	From (Month/Year)	To (Month/Year)	Major Responsibilities
1					
2					
3					

13. Would you accept contractual employment for less than one year Yes  No

**Declaration**

I, certify that all information furnished by me is true, complete and correct to the best of my knowledge.  
I do/ do not consume any tobacco product.

Date: .....

Signature with full Name:

11/1

5