

राज्य स्वास्थ्य एवं परिवार कल्याण संस्थान  
राजस्थान

State Institute of Health & Family Welfare, Rajasthan

Date :Oct 13, 2008

Advertisement

SIHFW for ASHA Resource Centre under National Rural Health Mission NRHM, Government of Rajasthan, invites applications for the following posts on fixed package and contractual basis. The details of position and essential qualification are as under:

S.No.	Category & Number required	Qualification	Experience	
1	Project Officer (02)	Post Graduate Degree in Management/ PG Diploma in Health / Hospital Management	1. Minimum 5 years experience in Training/ Research 2. Documentation 3. Minimum 2 years experience at Field level / working with NGOs in community development activities.	

Note: The job description is indicative and competent authority reserves the right to change or amend or modify them in the interest of the program.

**Age Limit:** Upper age limit 40 years as on the date of advertisement for all positions.

**Contract Period:** Initially for a period of one years, extendable depending upon performance.

Reservation as per Govt. policy **Computer Knowledge: For all the positions language proficiency (English and Hindi) and computer proficiency, high level of familiarity with commonly used MS and database packages is essential.**

**Last date of Application:Oct.24, 2008. Application received after due date, by any means, will not be accepted. Incomplete forms will be rejected. No personal and telephonic enquiries will be entrained.**

**Only short listed candidates will receive communication by e-mail ONLY.**

Candidates in employment must enclosed NOC from their employer.

Candidates are required to apply in the format given below with attested copies of certificates/ testimonials to the Director, State Institute of Health and Family Welfare, Rajasthan, Jhalana Institutional Area, South of Doordarshan, Jaipur-302004

**Clearly mention the name of post applied for, on the Envelope.**

**SIHFW is an equal opportunity employer**

**Director, SIHFW reserves the right to accept or reject any application without assigning any reason.**

राज्य स्वास्थ्य एवं परिवार कल्याण संस्थान, राजस्थान  
State Institute of Health & Family Welfare, Rajasthan

APPLICATION FORM  
(Downloadable)

To,  
Director,  
State Institute of Health & Family Welfare, Rajasthan  
Jhalana Institutional Area,  
South of Doordarshan Kendra  
Jaipur- 302004

Dear Sir,  
With reference to the advertisement No. ----- Dated-----, that  
appeared in ----- (Name of new paper), I submit my application for the post -----

1. Position applied for: .....

2. Name (In Block Letters):

3. Father/Husband's Name:

4. Date of birth (DD/MM/YY):

D	D	M	M	Y	Y
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5. Sex: Male  Female

6. Religion:

7. Category (✓ the appropriate box):

SC	ST	OBC	Gen.
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8. Nationality

9. Marital status: Single  Married  Separated  Widow(er)  Divorced

10. Details of DD

Instrument No.	Drawn on	Date of issue	Payable at

11. Postal address:

12. Permanent address:

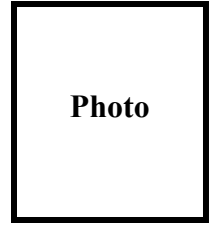
13. Email-id\* (**must**)

14. Telephone No (With STD Code)

15. Mobile No.\* (**must**)

16. Fax No.:

17. Educational qualification (Secondary onwards. Please list all your qualifications starting from the highest qualification acquired):



S. No.	Degree	University / Board & location	Year of Passing	Percentage / Rank/Grade	Major Subjects

18. Employment record:

- a. Total years of post qualification experience:
- b. Years of experience in the development/ health sector:
- c. Years of experience in Government:

19. Employment history (Starting from the present one) (use separate sheets if required)

Designation:	Name of organization	From (month/year):	To (month/year):	Name of employer:	Major responsibilities

20. Languages known:

Languages	Excellent	Good	Working Knowledge
Hindi			
Speak:			
Write:			
English			
Speak:			
Write:			
Others			
Speak:			
Write:			

21. Publication/ Research Papers

22. Professional Affiliations

23. Three references (Not Relatives) Out of which at least one should be your present employer.

S. No.	Name	Designation	Address	Contact no.

24. Would you accept contractual employment for less than one year YES  NO

25. Any other information:

**Declaration:**

I certify that all information furnished by me is true, complete and correct to the best of my knowledge.

Signature with full Name:

Date:

Place: