

## शुध्दीपत्रक

दैनिक लोकमत, नागपुर/दैनिक अपना महाविदर्भ, अमरावती/सिंहझेप, यवतमाळ व भारत वंदन, अमरावती मध्ये दिनांक २३/०६/२०१७ रोजी प्रसिध्द झालेल्या जाहीराती मध्ये वैद्यकीय अधिकारी गट—अ ची १३ रिक्त पदे भरण्याबाबत जाहिरात प्रसिध्द करण्यात आलेली होती.

परंतु यवतमाळ जिल्ह्यातील वैद्यकीय अधिकारी गट—अ ची संपूर्ण रिक्तपदे भरण्याबाबत निर्देश महाराष्ट्र शासन,सार्वजनिक आरोग्य विभाग मंत्रालय मुंबई यांचे पत्र क्रमांक मवैअ—२०१६/प्र.क्र.९५/सेवा—३ दिनांक १९ जुन २०१७ चे पत्र दिनांक २७/०६/२०१७ ला प्राप्त झाल्याने खालील प्रमाणे पदे भरण्याबाबत शुध्दीपत्रक प्रसिध्द करण्यात येत आहे. तसेच अर्जाचे नमुन्यामध्ये **PUBLIC HEALTH DEPARTMENT 2016** ऐवजी **2017** तसेच **Date of Birth** (जन्म तारीख) **31/03/2016** ऐवजी **10/07/2017** असे वाचावे.सुधारीत अर्जाचा नमुना व शुध्दी पत्रक **yavatmal.nic.in** व **zpyavatmal.gov-in** या संकेत स्थळावर दि.०१/०७/२०१७ पासून उपलब्ध होतील.

१) जिल्हा शल्यचिकीत्सक, यवतमाळ कार्यालयांतर्गत वै.अ.गट —अ :- १५ पदे

२) जिल्हा आरोग्य अधिकारी, यवतमाळ कार्यालयांतर्गत वै.अ.गट—अ :- ३० पदे

एकुण :- ४५ पदे

( दिनांक २३/६/२०१७ च्या जाहिरातीमध्ये नमुद केलेली पदे अंतर्भुत करून )

वरिल प्रमाणे एकुण ४५ रिक्त पदांकरीता **M.B.B.S.** अर्हता धारकांकडून दि. १०/०७/२०१७ पर्यंत अर्ज मागविण्यात येत आहे.

स्थळ :- यवतमाळ

दिनांक :- 36/६/20१6

(**डॉ.के.झेड.राठोड**)

जिल्हा आरोग्य अधिकारी तथा सदस्य सचिव

जिल्हा परिषद, यवतमाळ

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<p align="center"><b>GOVERNMENT OF MAHARASHTRA PUBLIC HEALTH DEPARTMENT 2017 (RECRUITMENT OF MEDICAL OFFICER GROUP-A)</b></p>			
Post Applied For			
Name In Marathi			Recent passport size Photograph
Father s /Guardians Name			
Mothers Name			
Father's /Guardians Occupation			<div style="border: 1px solid black; height: 30px; width: 100%;"></div> <p align="center">Candidate Signature(in box)</p>
Gender		Marital Status	
Date of Birth		Age as On (10.07.2017)	
Mother Tongue		Email-ID	
Contact and Marital Information			
Correspondence Address			
Correspondence Address in Marathi			
Permanent Address in Marathi			
Whether Spouse working with Govt. Department		Spouse Place Of Posting	
Profession of the Spouse			
Reservation			
Category		Caste Certificate	
Caste		Sub Caste	

Non –Creamy Layer Certificate		Annual Income	
Social Reservation			
Physically Handicapped			
Fees Details :			
Sr.No	Demand Draft No.	Amount	Bank Name
1			
General Information			
Possesses Adequate Knowledge to read, write and speak Marathi Language			
Date Of Completion of Compulsory Rotating Internship(dd/mm/yyyy)			
Date Of Registration (dd/mm/yyyy)	Registration Number	Date Of Renewal (If any) (dd/mm/yyyy)	
Has Successfully Completed MS-CIT ?			
Preferred Area of Posting			
MBBS Year wise Marks:			
Year	Marks	Out of Marks	
1stYear			
2 <sup>nd</sup> Year			
3 <sup>rd</sup> Year			
4 <sup>th</sup> Year			
Total			
Percentage Mark in MBBS			
Has any other Post Graduate Degree/Diploma in Medical subject			
Subject			



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I hereby declare that all the information furnished by in me application from are true .complete and correct to the of my know ledge and behalf :I do understand that I need to obtain and produce all the required original certificate enlisted in the form bye me at the time of document verification .I understand that entries made bye me in this application form are final and binding on me I further declare that in the event any information being found false or incorrect I shall be liable for disqualification as mentioned in the notification

Place:

Date:

Signature of the Candidate

## Affidavit

Affidavit to be furnished by a person along with the Application for the post  
Of Medical Officer MMHS Group A IN the pursuance of the Advertisement  
Number 01/2015 Dated .....published by Selection board  
For Medical Officer Recruitment Established by Public Health Dept.  
Govt.of Maharashtra.

I ..... Son daughter /wife of .....  
.....aged about .....years resident of .....

Do hereby solemnly affirm / state on oath as under :-

1..I have Submitted my application for the Post of .....  
In pursuance of the Advertisement No.01/2015 dated .....

2.I have read the provisions in the Rules and Notification of the Selection Board  
Carefully and I hereby undertake to abide by them .I further declare that I fulfill all  
The conditions of eligibility regarding age limits .educational qualifications.  
Experience if any .concession etc prescribed for the Post herein above.

3. I hereby declare that all the statements made in this application are true .  
Complete and correct to the best of my knowledge& belief .in the event of my  
Information being found false or incorrect or I am declared ineligible liable to be  
dismissed From service .

4.If information given in this Affidavit on oath is found to be false i.e.not  
Supported by documentary proof at the time of verification by the Selection Board .I  
Will be liable to be blacklisted and Debarred from all further examinations and selection processes of the  
Selection Board :and liable for disciplinary proceedings if  
already in Government Service

Place:

Date: Signature of Deponent

.....  
.....

### VERIFICATION

I the above named deponent do hereby verify and declare that the contents  
Of this Affidavit are true and correct to the best of my knowledge and belief.No  
Part of it is false and nothing material has been concealed therein.  
Verified at .....this .....day of .....20.....

Deponent

Notary