

संचालनालय स्वास्थ्य सेवाएँ
मध्यप्रदेश

क्रमांक/प्रशि./2018/90

भोपाल, दिनांक: 22/02/2018

प्रति,

1. समस्त मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी,
2. समस्त सिविल सर्जन सह अस्पताल अधीक्षक,
मध्यप्रदेश।


विषय:—एक वर्षीय पीजीडीसीएचसी कोर्स हेतु नामांकन भेजने के संबंध में।

उपरोक्त विषयांतर्गत लेख है कि परिवार कल्याण प्रशिक्षण तथा अनुसंधान केन्द्र मुंबई द्वारा एक वर्षीय, पूर्णकालिक, रहवासी पीजीडीसीएचसी (पोस्ट ग्रेजुएशन डिप्लोमा इन कम्युनिटी हेल्थ केयर) कोर्स का आयोजन किया गया है। जून 2018 में प्रारंभ होने वाले इस कोर्स में नियमित सेवा में सेवारत अधिकारी/कर्मचारी अपना आवेदन उचित माध्यम से दिनांक 5 मार्च 2018 तक आवश्यक रूप से भेजा जाना सुनिश्चित करें। इस कोर्स के लिये प्रतिभागी में निम्नानुसार योग्यतायें/प्राथमिकता होना अपेक्षित है:—

1. यू.जी.सी. द्वारा मान्यता प्राप्त विश्व विद्यालय से स्नातक जैसे— समाजशास्त्र, समाज कार्य, नर्सिंग, पैरा—मेडिकल, मनोविज्ञान, अर्थशास्त्र, मानवशास्त्र, सांख्यिकी, गृह विज्ञान इत्यादि।
2. पूर्व से ही स्वास्थ्य के क्षेत्र में कार्यरत आहार विशेषज्ञ, एल.एच.व्ही., हेल्थ सुपरवाइजर, लेबोरेटरी टेक्नीशियन, एम.पी.डब्ल्यू, बीईई एवं आयुष सेवा प्रदाता इत्यादि।
3. राज्य सरकार की स्वास्थ्य सेवा में न्यूनतम 3 वर्ष का अनुभव।
4. आवेदन के समय अधिकतम आयु सामान्य वर्ग हेतु 40 वर्ष, पिछड़ा वर्ग हेतु 43 वर्ष एवं अनुसूचित जाति/जनजाति हेतु 45 वर्ष है।
5. कोर्स का माध्यम अंग्रेजी है। अतः अंग्रेजी भाषा में लेखन एवं पठन का ज्ञान आवश्यक है।
6. पहाड़ी, दूरस्थ, आदिवासी क्षेत्र में कार्यरत एवं स्वास्थ्य सेवा से संबंधित कार्य करने वाले प्रतिभागियों को यह कोर्स करने हेतु प्राथमिकता दी जाये।
7. कोर्स से संबंधित आवेदन पत्र एवं विस्तृत जानकारी पत्र के साथ संलग्न है।

अतः आप कृपया अपने जिलों से उपरोक्तानुसार योग्य विभागीय नियमित उम्मीदवार का नामांकन संलग्न प्रपत्र में निधारित तिथि तक अधोहस्ताक्षरकर्ता को हार्ड एवं सॉफ्ट कापी में ई-मेल munshi@mp.nic.in एवं training.dhsmp@gmail.com पर प्रेषित करें।

संलग्न: उपरोक्तानुसार।


(राकेश मुंशी)

संयुक्त संचालक (प्रशिक्षण)
संचालनालय स्वास्थ्य सेवायें
मध्यप्रदेश

POST GRADUATE DIPLOMA IN COMMUNITY HEALTH CARE

ELIGIBILITY CRITERIA (2018-19)

Post Graduate Diploma Course in Community Health Care is a residential training course is affiliated to International Institute for Population Sciences, Mumbai (Deemed University).

The candidate should fulfil the following eligibility criteria.

1. Candidate should be Graduate from a UGC recognised University. Preference will be given to candidates having degree in Psychology/ Economics / Anthropology/ Statistics / Sociology / Education /Communication / Social Work / Health and Allied Sciences / Home Science / Dietetics /Management /AYUSH / Nursing or any other paramedical field.
2. Those already working as Health Assistant (Male and Female), LHV, Health Supervisor, Sanitary Inspector, Health Inspector, Lab Technician, MSW, MPW (Male & Female), Block Extension officer will be given preference for selection.
3. Three years experience in Health related field (in-service experience).
4. Age not more than 40 years. Five years age relaxation for candidates belonging to SC/ST and three years for OBC candidates.
5. Reservation for SC/ST/OBC (Non-Creamy Layer) and disabled will be provided as per the Government of India rules. A Valid Caste Certificate from the recognised District Authority must be attached at the time of submission of application form.
6. Individuals from Government & Non-Government organizations working in the Rural areas / tribal areas/ underperforming districts will be preferred.
7. Preference for admission will be given for candidates sponsored from Directorate of Health Services of the State. Application duly completed along with enclosures should be forwarded through proper channel by competent authority so that candidate gets relieved in case of his/her selection.
8. The medium of instructions for this course is English. Reading & writing competency in English is required.
9. Selection Committee decision will be final.
10. PGDCHC Course is a full time Residential Training course of one year including three months of internship duration.
11. No students will be permitted to seek employment or to participate in any course of study either full time or part time during the period he/she is enrolled at the institute for said course.
12. Last date for receipt of application is 31st March 2018.

GOVERNMENT OF INDIA

FAMILY WELFARE TRAINING & RESEARCH CENTRE

332, S.V.P. ROAD, KHETWADI, MUMBAI – 400 004.

TEL.: 2388 1724 / 2389 3165 FAX NO. (91) 22 – 2386 2736 Email: director.fwtrc@nic.in

Website: www.fwtrc.gov.in

APPLICATION FORM

Name of the Course:

(Please tick the appropriate box.)

I) DIPLOMA IN HEALTH PROMOTION EDUCATION

II) POST GRADUATE DIPLOMA IN COMMUNITY HEALTH CARE

PHOTO

1. Name in Full:
(In Block Letters)

2. Sex :

3. Age (as on 31st March 2018) :

4. Marital Status :

5. Designation of the Present Post :

6. a. Present Address (to which communication to be sent):

b. Permanent Address (If different from above):

c. Phone No. (Office): _____ Phone No. (Residence): _____

Mobile No. : _____

d. Email (Compulsory): _____

7. Date & Place of Birth:

Date:

Place: _____

--	--	--	--	--	--	--	--	--	--

8. Do you belong to Scheduled Caste / Scheduled Tribe / OBC:

YES	NO
-----	----

If Yes,

Scheduled Caste / Scheduled Tribe / OBC

Sub-caste: _____

(Please attach Valid Caste Certificate & OBC Non-Creamy Layer Certificate from the District Authority otherwise application will be treated as general category.)

9. Academic record:

Give particulars of all examinations and degrees obtained:

Exam / Degree	Board / Institution / University	Medium of Examination	Year of Passing	Division / Class with % of marks	Subject (s) Offered

10. Employment Record (If Any): (Please attach Experience certificate from Employer.)

Employer	Post held	From (Date)	To (Date)	Salary last Drawn	Reasons for leaving the post

11. List your important present job responsibilities:-

- 1.
- 2.
- 3.

12. Give reasons in brief as to why you seek admission and your expectation from this training course: -

- (1)
- (2)
- (3)

13. Give names, occupations / positions and addresses of two references, other than your relatives, who are in a position to give information about you and your work :-

I _____	II _____
_____	_____
_____	_____
_____	_____

DECLARATION BY THE APPLICANT

I hereby declare that all statements made in this application are true, complete and correct to the best of my knowledge and belief.

SIGNATURE OF THE APPLICANT

Place & Date:

EMPLOYER

(FOR USE IN THE CASE OF SPONSORED CANDIDATES ONLY)

In case the candidate is selected for the training at the Family Welfare Training and Research Centre, Mumbai, whether the State or Central Govt. of any other agency with whom the applicant working:

- a) Will relieve him / her? : YES / NO
b) Will provide him / her deputation Allowance or / and pay during : YES / NO
period of training ?

Certified that Mr / Mrs / Miss _____ holds a post in this Department / Office / Institution / Organisation and that the statement made by him / her in this form are correct to the best of my knowledge and belief. I recommend his/ her admission to the training programme of the Centre.

SIGNATURE:

DESIGNATION:

Department / Office / _____
Institution / Organisation _____
Phone No. (Office): _____ Fax No.: _____
Mobile No. : _____ E-mail ID: _____

(OFFICE SEAL)

PLACE:

DATE:

ENCLOSURES TO BE ATTACHED ALONG WITH APPLICATION FORM:

1. SSC certificate (attested copy)
2. Graduation certificate (attested copy)
3. Age proof (attested copy)
4. Caste certificate along with validity certificate (attested copy)
5. Non creamy layer certificate for OBC candidates (attested copy)
6. Experience certificate
7. Forwarding letter from Competent Authority
8. Medical fitness certificate from the District Civil Surgeon or equivalent Competent Medical Authority

Applications should be sent by registered post to the Director, Family Welfare Training and Research Centre, 332, S. V. P. Road, Khetwadi, Mumbai - 400 004 on or before 31st March 2018.