

## HEALTH & FAMILY WELFARE DEPARTMENT GOVERNMENT OF SIKKIM GANGTOK-737103

NO.: 1215 NCD/H & FWD

DATE: 7.11.24

## **ADVERTISEMENT**

Online applications are invited from the candidates willing to work in mission mode for engagement in the National Tele Mental Health Programme of India (Tele-MANAS) on contractual basis in the following position under NHM, Sikkim. Application form can be downloaded from <a href="https://sikkim.gov.in/departments/health-family-welfare-department.">https://sikkim.gov.in/departments/health-family-welfare-department.</a>

SL.	Name of	Vacanc	Eligibility Criteria	Remuneration
	Position	y (No.)		Per Month
				(Rs.)
1	Senior Consultant, Tele	1	ESSENTIAL: A post graduate Psychiatry qualification	Rs.1,50,000/
	MANAS		e.g., MD or a recognized qualification equivalent thereto in Psychiatry	
			Experience: Three years experience in a recognized institution in the Psychiatry	
			after obtaining the qualifying degree of	
			M.D or qualification recognized equivalent thereto.	
			DESIRABLE:	
4. 1			<ol> <li>Clinical and/or research</li> </ol>	
			Experience in Telemedicine and/or	
			Tele training 2. Experience of	
			working with multidisciplinary	
			research teams 3. Indexed	
			scientific publications	
			2. Age: Up to 55 Years as on 1st	
			April 2022	

Eligible candidates shall apply by sending completed form and supporting documents to: <a href="mailto:nmhpsikkim@gmail.com">nmhpsikkim@gmail.com</a> or submit at: National Mental Health Program, NCD Cell, Health Secretariat, Tashiling, Gangtok . Last date for submission of application form is on 16th November 2024.

No TA/DA will be paid for attending the interview/ selection test.

(Dr. Sangeeta Pradhan)

Director & SPO

National Mental Health Programme

## Format for Application for Tele Manas Sikkim

Roll No (to be filled by office):

P	osition Applied for :				Affix attested recent posize photohere.		
1.	Name in full (in Block le	tters):			nere.		
2.	Father's/Husband's Nam	e:		L	-		
3.	Permanent Address inclu Phone, fax, e-mail	ding:					
4.	Address for corresponder	nce:					
5.	(a) Date of Birth:	Date:	Month:	Year:			
	(Attested copy of pro-	of of age to be	e attached)				
6.	Whether SC/ST/OBC/GE	EN:					
	(If SC/ST/OBC, document	ntary proof to	be furnished)	,			
7.	Nationality:		4				
	(a) Educational Qualification (Documentary proof			nning from SSC	(10 <sup>th</sup> Onv	vards)	
	Name of the Examination Passed	Year of Passing	Name of the Board/Universit		tudied		on/% o orks

(b) Professional/Technical Qualifications(If any): (Documentary proof to be furnished)

Name of the Examination Passed	Year of Passing	Details of Course	Board / University	Subject Studied	Division/ % of marks obtained
	*				

(A brief write-up to be given at the end indicating the relevance of past experience to the Post applied for)

9. Work Experience in chronological order, starting with the first job:-

Name & address of Employer	Period of ser From	rvice To	Designation of post & scale of pay	Total length of service	Nature of work & level of responsibilities	
			×			

- 10. Whether presently in any job. If yes then job is in Govt./PSU/Autonomous Institutions/Private:
- 11. Whether permanent/temporary/ad-hoc in the present job:
- 12. Any other relevant information:

## **Declaration & Certificate**

I hereby declare and certify that all the statements made in this application are true and correct to the best of my knowledge and belief. If any of the particulars furnished by me are found to be incorrect or suppressed, my candidature is liable to be rejected at any stage during or after selection process. Further, I understand that this position is purely temporary on contract basis, if it is found after my appointment that the particulars furnished by me are incorrect or suppressed, my services are liable to be terminated without any notice.

Place	Signature of the Candidate				
Date	Name				