

**DIRECTORATE OF HEALTH SERVICES, HARYANA,  
SECTOR - 6, PANCHKULA**

Recruitment for one post of Advisor on contractual basis for Tertiary Cancer Care Centre (TCCC), Civil Hospital, Ambala Cantt.

Name of the post	Educational Qualification	Honorarium per month	Age limit
Advisor	<p><b>1. Eligibility/Qualification</b></p> <p>i. Basic Degree in Medicine (MBBS) from Recognized University and</p> <p>ii. A post graduate Degree (MD) in Radiation Therapy/Radiation Oncology.</p> <p><b>Experience-</b> Minimum 10 years of experience working on LINAC, HDR Brachytherapy, CT Simulator etc. in a Radiotherapy Centre. Faculty of Recognized Medical College will be preferred (Retired/in Service)</p> <p><b>Job responsibilities</b> – To supervise/ Operationalize &amp; Running of TCCC &amp; other responsibilities assigned from time to time.</p>	Rs. 1,55,000/- fixed pay	Upto 67 years.

I. Eligible candidates should submit the application on the Prescribed Proforma completed in all aspects latest by 15.03.2021 upto 5:00 pm through speed post/registered post at the following address –

Director General Health Services, Haryana,  
(NCD Division)  
Sector-6, Panchkula, Haryana

II. Incomplete Application Form received beyond due date will not be accepted.

III. Date/time/venue of interview shall be intimated on official website of the department/email/telephone no. of the candidate.

IV. No TA/DA will be given to the candidates for appearing in interview.

V. Participants should bring two passport size photographs & attested copies of Education Qualification & Experience certificate, alongwith original certificates for verification at the time of interview.

VI. Department reserves the right to increase or decrease the number of Posts or cancel the interview or entire selection process.

VII. In case of any query please contact at email ID : [npdcsharyana@gmail.com](mailto:npdcsharyana@gmail.com)

Sd/-

DGHS, Haryana

**Application Form for the contractual post of Advisor for Tertiary Cancer Care Centre  
(TCCC) at Civil Hospital, Ambala Cantt**

**Health Department, Haryana**

(To be filled in by the candidate in his/her own handwriting)

1. Name of the Applicant \_\_\_\_\_

2. Father's Name \_\_\_\_\_

3. Date of Birth \_\_\_\_\_

(Attach matriculation certificate as proof of D.O.B)

4. Present Postal Address with Pin Code

\_\_\_\_\_  
\_\_\_\_\_

5. Permanent Postal Address with Pin Code \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

6. Telephone No. (with STD code) \_\_\_\_\_

Mobile No. (Mandatory) 1) \_\_\_\_\_ 2) \_\_\_\_\_

7. E-mail (Mandatory) 1) \_\_\_\_\_

2) \_\_\_\_\_

8. Medical Council with which registered \_\_\_\_\_

Permanent Registration Number and Date of Registration \_\_\_\_\_

9. Educational Qualifications as per eligibility criteria (Academic & Professional)

<b>Qualification</b>	<b>University/ College</b>	<b>Year of passing</b>	<b>Maximum Marks (aggregate)</b>	<b>Marks Obtained (aggregate)</b>	<b>%age (aggregate)</b>
MBBS					
MD					
Any other					

10. Do you have adequate knowledge of Hindi? (Yes/No) \_\_\_\_\_

11. Details of Employment (**Starting to current employment**)

Sr. No.	Name & Address of Employer	Whether Govt./ Semi Govt./Pvt. Ltd./ Pvt. etc.	From (Date)	To (Date)	Post Held	Scale of Pay & total emoluments	Nature of duties Performed
1.							
2.							
3.							
4.							

12. List of Enclosures:

Documents	Please write "YES" for attached document
Matriculation Certificate	
M.B.B.S Mark sheet of all Profs	
MBBS Degree	
MCI/State Council Registration Certificate	
MD Degree	
Experience Certificates	

13. **Declaration:** - I hereby declare that all the statements made by me in this application are true and correct to the best of my knowledge and belief. Nothing has been concealed and no part of it is false. If at any later stage, the above information is found to be incorrect and the certificate(s)/testimonial (s)/degree (s) or any other document determining my eligibility to hold the post, are found fake, then my candidature for the post is liable to be rejected and my services are liable to be terminated without any notice and I shall be liable for legal action under Section 182, Section 145 read with Section 417 and Section 420 of Indian Penal Code as the case may be.

**Place:**

**Date:**

**Signature of Applicant**