ADDICTION TREATMENT FACILITY (ATF)

Advertisement

Applications are invited from the desirous and eligible candidates to be engaged on purely contract basis under ATF, Jind for the FY 2025-26 initially upto 31.03.2026. Strictly on performance basis and subject to further administrative approval.

Sr. No	Name of post & Program	No. of post and Category	Age limit	Honorariu m (Per month) consolidat ed	Minimum Qualifications	Date of document verification	
1.	Officer) (ATF) 2. Counsellor Total=02		UR 18-65 Rs 60000/- M.B.B.S. from recognized institute council registration (preferable: MI qualification in Psychiatry)		M.B.B.S. from recognized institute, along with medical council registration (preferable: MD or equivalent qualification in Psychiatry)	13.08.2025	
2.			18-42 years	Rs 20000/-	Graduate in Psychology / Social work/ Sociology (preferable: Master in above disciplines)	18.08.2025	

Important Instructions: 1-Only prescribed application form duly completed in all respects (including full particulars, complete postal address with pin code, contact number & e-mail address clearly mentioned) along One recent coloured passport size photographs, self-attested copies of Educational Qualifications(including all year marks sheet), Relevant Experience Certificate/Documents (Govt./Semi Govt.) The application will be accepted only upto 11.08.2025 working days 08:00 AM to 02:00 PM at Room no. 24 new building Civil Hospital Jind. 2- For the Post of Medical officer & Counsellor document verification above mention dates. 3-The document verification with original documents will be done on the spot, so candidates are directed to bring original document at time of submission of application form. 4-As per the selection criteria of NHM there is no written test/interview for recruitment. 5-Number of posts can be increased/ decreased or can be completely withdrawn without prior information or corrigendum as per the decision of chairman DHFWS, Jind. 6-Selection Committee / Chairman has right to reject any application if found improper, ineligible or having misleading/false information. 7- No.TA/DA will be paid for appearing. 8- Any additional work under District Health & Family Welfare Society, Jind can be assigned by the appointing authority. 9- No court case/Police inquiry/FIR should be pending. 10- District authorities has right to reject any application if found incomplete or having cuttings or misleading information. 11- Selected candidate shall not have any claim for regularization of his/her services based on the duties performed under this contract, as he/she has been engaged for project financed by Government of India having specific tenure. 12- There is no provision to allow private practice after duty times or on holiday. 13- MD NHM letter no. NHM/Admin/HRC-1/202-23/10885-905 dated 20.03.2023 & NHM/Admin/HRC-1/2025/4306-26 dated 06.05.2025 NHM selection criteria as follow:-

Table: A Revised selection Criteria for the recruitment at District Level

	Re	vised Selection Cri	teria for District Level			
Sr. No.	Components	Weightage	Marking Pattern			
1	Essential Basic Qualification	30	30*percentage/100			
2	Post Qualification relevant work experience in same field in any state Govt./Semi Govt./UT/Any Govt. Board/ Corporation/ NHM shall be considered. OR Post qualification relevant work experience in same field in private Hospital/ Labs, which are JSI/NABH/NABL accredited /ISO Certified and any other nationally accredited Health Institution only will be considered /admissible at par with Govt. Pacilities.	10	02 marks for each complete year (Maximum 10 Marks)			
3	Local area weightage	10	 Weightage of marks "for district applicants": 10 marks (the candidate be abonafide resident of the district.) Weightage of marks for "out of the district applicants": Zero (0) marks For the recruitment of all posts except MO's & Specialists 			
Total Ma	rks	50				

Table: B Checklist for acceptable documents as proof of address for General Public is as under:

Sr. No	List of Documents for proof of Address (Residential Proof)
	Passport
2	Voter ID Card
3	Ration Card with Address
4	Cast and Domicile Certificate with address and the photo issued by state Govt.
5	Parivar Pehchan Patra
6	Electricity Bill (not older than last three months)

Note: Any of the above three documents (Sr.No. 1 to 06) be produced at the time of recruitment.

Instructions:

- 1. Recruitment of contractual Staff can be done as per NHM recruitment norms of the state of Haryana. Therefore, the chairman of the recruitment committee will be same as per NHM recruitment norms.
- 2. NHM Bye-laws not be applicable to these contractual ATF posts.

Additional guidelines for selection criteria are as under:-

- The formula for calculating the marks for Essential basis qualification (Sr. no 1 above table-A) will be done by multiplying the percentage of marks obtained by the candidates with weightage and divided by 100.
- 02 marks will be given for each completed year of additional relevant post experience, with maximum of 10 marks for all Posts.

Civil Surgeon-cum-Chairman,

Executive committee

District Health & Family Welfare Society, Jind.

Dy Civil Surgeon NHM-cum-member secretary,

ancey

Executive committee

District Health & Family Welfare Society, Jing

ADDICTION TREATMENT FACILITIES (ATF) HEALTH DEPARTMENT, JIND FY 2025-26 APPLICATION FORM

For office use			
Receipt No	da	ited	
	Te	otal pages along with appl	ication form
Important Instructions			
Please read instruction given	ven in advertisement ca	arefully before filling in eac	h column.
• Use only black/blue ball p	oen to fill the form. Ple	ease fill the form in capital le	etter.
-	•	Name of post	
 Aadhar no. of the candidate (Mandatory) Name of the candidate (In Capital letter) Father's Name (In Capital letter) Husband Name (In Capital letter) Sex Date of Birth (DD/MM/YYYY) Telephone / Mobile No. E-mail Permanent Address 			
10. Correspondence Address	:	PIN CODE	
		PIN CODE	

11. Educational / Professional Qualifications:

Examination	Board/	Year of	Maximum	Marks	%age	Division	Subject
Passed	University	Passing	Marks	Obtained	of		
					marks		
10th							
10+2 / Vocational / Intermediate							

	Post Graduation								
	Any other Course / Diploma etc								
12.	Internship / Tra	nining (if any):	Year(s)	Month	(s)	Day(s) _			
	Name of Institution / Organization		De	Designation		n	То	To	otal period
13.	Total Experience	ce: Year(s)	Month	(s)	Day(s)	•			
	Name of Institution / Organization		Des	signation	From	То	Hon	/Salary / orarium p.m.	Total period
	<u> </u>								
14.	Detail of docum			2		,	1		
	5	6		7		{	3		
	9	10							
15.	Declaration: I 1 1. All statements	hereby declare s made in this app		are true, comp	lete and correct	t to the bes	st of my know	ledge and be	elief. In the event
	of any i interview/s 2. I have read th conditions	nformation beir election/appointn the provisions in a of eligibility reg les and instruction	ng found fa nent, my candi dvertisement (garding age li	alse or inco dature may be of the omission	rrect, or ine cancelled and a carefully and	ligibility action can I hereby ı	being detection be taken again andertake to a	cted before inst me by the abide by ther	or after the e department. m. I fulfill all the
		peen convicted by ourt case pending		t.					
Date	e:								
Plac	e :								

Graduation