

**GOVT. OF TRIPURA
DIRECTORATE OF HEALTH SERVICES
AGARTALA, WEST TRIPURA**

No. F. 34/MPH/ATF/21

Dated: 19/10/2024

To
The Principal
AGMC Agartala, West Tripura

Subject: Advertisement for Walk-in-Interview.

Sir,

I would like to inform you that, Addiction Treatment Facilities, Tripura, is going to engage some posts and this require wide publicity. In this connection may I request you kindly make an arrangement for publication of this advertisement for wide circulation in your web portal. Matter may be treated as most urgent.

This is for your kind information and doing the needful please.

Thanking you.

Encl: As Stated above.

Yours faithfully

**Signed by Sanjib Kumar
Debbarma**

Date: 19-10-2024 13:37:16

I/c Director of Health Services
Govt. of Tripura, Agartala

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NOTIFICATION FOR ENGAGEMENT OF MEDICAL OFFICER

An interview for engagement to the following posts purely on contractual basis for 11(Eleven) months with 1(One) day break at Addiction Treatment Facilities (ATF), Modern Psychiatric Hospital, Narsingarh under NDDTC, AIIMS, New Delhi will be held on the **18-11-2024, 10 am** at Modern Psychiatric Hospital, Narsingarh along with all original documents. No TA/ DA admissible for this purpose.

In connection to this, interested candidates fulfilling the required qualification may submit their duly filled application in prescribed format with 2(two) passport size-coloured photographs and self-attested copies of all testimonials and certificates at **The Office of Modern Psychiatric Hospital, Narsingarh** from **11-11-2024 to 13-11-2024 between 10 am to 5 pm**. Beyond this time period no application will be entertained.

Sl. No.	Name of post	No. of Posts	Monthly Salary	Minimum Qualification	Age
1	Doctor (Medical Officer)	1 (UR)	Rs. 60,000/-	MBBS from a recognized institution along with Medical Council Registration (Preferable: MD or equivalent qualification in Psychiatry)	40 (Forty) years as on 30 th September 2024, upper age limit is relaxable by 5(five) years in case of SC/ST/PH candidates.
2	Doctor (Medical Officer)	1 (ST)	Rs. 60,000/-	MBBS From a recognized institution along with Medical Council Registration (Preferable: MD or equivalent qualification in Psychiatry)	

- Further details will be available in www.agmc.nic.in, tripuranrhm.gov.in, and www.health.tripura.gov.in

Instruction: -

1. Self-attested copy of the following documents needs to be submitted: (a) Copies of qualification along with mark sheets (from MBBS onwards till highest degree) (b) Valid Registration Certificate from Tripura State Medical Council (c) Caste Certificate (for reserved categories) (d) Permanent Resident Certificate of Tripura (PRTC) (e) Age proof (Madhyamik Admit Card/ 10th Standard Board Admit Card) (f) Photo ID with address (Aadhar Card/Driving license/Voter ID) (g) No objection certificate, if applicable.
2. Any candidate against whom a criminal case is pending in any court or has been convicted by any court, such candidate is barred from applying in the above posts.
3. The candidates will be selected based on their merit on the basis with 90% weightage on academic performance and rest 10% for interview/viva-voce/performance before the Interview Board by the candidate.
4. The Director of Health Services, Govt. of Tripura shall have the right to suspend/cancel any application/entire recruitment process or a part thereof without showing any reason.

Signed by Sanjib Kumar
Debbarna
Date: 19-10-2024 13:42:27

I/c Director of Health Services
Govt. of Tripura, Agartala

FORMAT

To
The Head of the Department
Modern Psychiatric Hospital
Narsingarh, West Tripura

Self-attested
photo of the
candidate

1. Name of the post:
2. Name of the Candidate (In capital Letter):
3. Father's/Husband's Name:
4. Nationality (attached PRTC/Aadhaar Card/Voter ID):
5. Permanent Address with pin code
(Attached addressed proof Certificate/Ration Card):
6. Postal address for communication with
Pin Code:
7. Contact No & E-mail ID (if any):
8. Date of Birth (DD/MM/YYYY) & Age on 30-09-2024:
9. Sex (Male/Female/Others):
10. Caste, if belongs to SC/ST community
(Attach certificate):
11. Educational Qualification:

Sl. No.	Name of the Examination	Recognized University/Board/Institution	Year of passing	Percentage of mark obtained
1.				
2.				
3.				
4.				
5.				

12. Experience-
(if any attach supporting document):

Declaration: I hereby declare that, all the information given above is true to the best of my knowledge, if any of the above information is found to be incorrect at a later stage, I shall be liable to be disqualified and removed from the service after selection/joining.

(Signature of the Candidate)

Date:
Place: