No. Swa-Ni(1)Kh(2)6/91(Ex-Man) Health and Family Welfare Department Himachal Pradesh.

To

Sr. No.	Name & Address of the Candidates	Post	Regn. No.	NCO/Cas te
1.	Ex. Sep Naveen Kumar S/O Sh. Ramesh Chand,	Laboratory	DXS-73/21	8229.10/Gen
	VPO- Chamboh , Tehsil Bhoranj, Distt.	Assistant	21122151002	(EXM)
	Hamirpur-HP-177601, Mob-9805303			
2.	Ex Sep Randeep Thakur S/O Sh. Rajinder	Laboratory	BNG-31/23	3221.10/Gen(E
	Singh, Vill -Kotla, PO Dhundla, Tehsil-	Assistant	20021277004	XM)
	Bangana, Distt. Una, HP-174308, Mob-			
	7807818284			

Subject: -

Nomination of Ex-servicemen to the post of Laboratory Assistant on contract

basis.

Memo:

Reference Sanik Welfare, Ex-Servicemen Employment Cell HP at Hamirpur Letter No. DSW Ex Cell OC-172/2017-1696-1701 dated 07.16.2023 on the subject cited above.

In this context, It is intimated that your names have been nominated by the Director, Sanik Welfare, HP at Hamirpur to the post of Laboratory Assistant on contract basis. You are, therefore, directed to appear in person at Directorate Health and Family Welfare, Shimla-171009 on 07.12.2023 Sharp at 12:30 PM along with relevant original documents & one set of photocopy of following documents:-

- 1. Minimum Educational/professional qualification of the candidate i.e. Matric, 10+2 in Science(Physics, Chemistry, Biology) from a recognized University by the State/ Centre Government.
- 2. Certificate of valid SC/ST/OBC on parental basis, if any obtained within the stipulated period from competent authorities, in the prescribed format. Candidates submitting OBC Certificate which is not in format or issued beyond the validity period will be treated under UR category, if otherwise eligible.
- 3. Character Certificate from a Gazetted officer.
- 4. Certificate HP Bonafide.
- 5. Certificate of Ex-servicemen/ Discharge Book.
- 7. Passport size photograph.
- 8. Bio- Data proforma which is available on the official website i.e. www.hphealth.nic.in/ Given by the Department at the time of scrutiny.
- 9. Self Declaration by the candidate in plane paper with name, address, mobile number, e-mail id that all documents submitted by him/her are corrected and obtained from recognized Educational Institution/ University.
- 10. If you do not produce any of the above-mentioned documents, in original, along with one set of self attested copies (1 Set) of the same at the time of document verification, you will not be admitted for the post of Laboratory Assistant. If any of the above conditions is not fulfilled, you will not be allowed to appear for document verification

0 1 DEC 2023

Himachal Pradesh.

Endst. No. As above. Copy to:-

Shimla -171009, the KASUMPTI SHIME A

1. The Sub Regional Employment Officer, Directorate of Sainik Welfare, Ex-Servicemen Employment Cell, Himachal Pradesh at Hamirpur w.r.t. letter No. referred as above for information please.

2. The Superintendent, Dte. H&FW(PMIS Cell) to upload it on Departmental website

The Candidate concerned on above given address through registered post, further it is also requested to down-load the above letter from the departmental website.

4. Guard file.

Director Health Services Himachal Pradesh.

Department of Health and Family Welfare, Himachal Pradesh, SDA Complex, Shimla-9, Document Verification held on 07.12.2023 at 12:30 PM Sharp at H&FW Dte. for the post of Laboratory Assistant (EXM) **BIO-DATA**

1. Name	of the post: Laboratory Assistant		••••••	Date		
2. Name of Candidate: 3. Father's Name: 4. Date of Birth:					Self Attested Passport size	
- ~		ub Category:	Category:			
Number Correspondent	ondence Address:-					
••••••						
7. Minim	um Educational and other qualifical qualifications):-					P Rules:-
Sr. NO.	Education Qualification	Name of University/ Board/ Institute	Year of Passing	Maximum Marks	Marks Obtained	% of Marks
1.	10+2 with Science (Physics, Chemistry, Biology)					
9. Copy of Whether P 10. Sub Ca 11. HP Bo 12. Charac	valid OBC certificate (If applicable)	Yes/ NO Yes/ NO		DateDate		
Signature o	of Candidate					
Date:						
15. Eligible	/ Not eligible due to (for office use of	only)	••••••			
Member	Member	Member	Chair	rman		·

Member

Chairman

DECLARATION

I had/ has ever Servicemen by the Department earlier.	er been offered the appointment as Laboratory Ex-
Yes/ NO. (If Yes) Office Order No	
and obtained from the competent author Educational Institution/ Board/Universit	nd declare that all the details given by me are true and therein. All the documents submitted by me are correct rity or Education Qualification passed from recognized ty. If any discrepancy is found in my application form stage then I shall be liable for all consequential actions
Name	
Address	
Mobile Number	
E-Mail(ID)	
Signature of the candidates	
그는 사람들이 아니는 아니라 아니라 아니는	