To

The Director. Information & Public Relations, H.P. Shimla-171002.

Subject:

Publication of advertisement for filling up of 3 posts of Medical Officer (Dental) on contract batch wise basis.

Sir.

Please find enclosed herewith an advertisement notice Annexure-A&B (two copies) for inviting applications to fill up 3 posts of Medical Officer (Dental) on contract batch wise basis.

It is, therefore, requested that the same may kindly be got published in two leading newspapers in English and Hindi at the earliest please. A copy of acvertisement published in newspapers may also be supplied to this office for reference and

further action please.



Yours faithfully,

Director **Dental Health Services** Himachal Pradesh Dated Shimla-9, the

- 1. The Secretary (Health) to the Govt. of Himachal Pradesh, Shimla-171002 w.r.t.letter No. Health-A-B(2)-3/2024 dated 13.12.2024 along with a copy of public notice for favour of kind information please.
- The Director, Health & Family Welfare H.P with the request that upload the same on departmental website.

3. The Director, All India Radio, H.P.Shimla with the request that the enclosed public notice may kindly be broadcasted after Pradeshik Samachar for at least three days for its wide publicity.

- 4. The Director Doordarshan Kendra, Shimla with the request that the enclosed public notice may kindly be displayed from Doordarshan Kendra, Shimla for at least three days for its wide publicity.
- 5. The Nodal Officer, DDHS along with a copy of public notice to upload the same on the website of www.hpsdc.org.in

Notice Board Dte.of Dental Health Services, HP 7. Guard file.

Dated |9/12/24

Supdt. Med-VI IEC/MIS

DHS, HP

1-T. (ell)

Dental Health Services Himachal Pradesh PH No. 0177 2621594

DEPARTMENT OF DENTAL HEALTH SERVICES, HIMACHAL PRADESH, SHIMLA-171009
Requisition of Medical Officer(Dental) on contract batch-wise basis (ANNEXURE-A)

Sr. No.	Name and address of the employer								
140.	employer	Dental Health Services, Himachal Pradesh, SDA Complex, Block No. 6, Swasthy, Sadan, Kasumpti, Shimla-9							
1	Telephone No. if any	0177-2621594/2621814							
2	Name of the post		cal Officer (Dental)						
3	Number of vacancies, contract basis	3 (Th							
4	Reservation of posts	Sr. Category No. of posts		Batch required(Batch will be considered from the year of completion compulsory rotator internship)					
		1	General	1	Up to 2005				
		2	General(W.F.F)	1	Up to date				
		3	General (Physically Handicapped (O.H))	licapped (O.H))					
			Total	3	-				
5	Educational and other qualification	A bac	htial Qualification chelor of Dental Surgery Deg nized by the Dental Council o IP State Dental Council for the						
6	Age limit	45 yea	ars and below as on 13.11.2 s in case of Physically Handic						
7	Pay		e fixed contractual remuneration						
8	Place of work		nere in Himachal Pradesh						
9	Filace and date of documents verification	30.1. separa	torate of Dental Health Service. 2025 and shortlisted candidately through their valid eroned in the Application Format						
10	Last date of receipt of the applications from the eligible candidates in the Directorate of Dental Health Services, H.P. Kasumpti, Shimla-1711009.	On or	before 9.1.2025 up to 5.00 P by hand. Any other mode will n						
11		origina counse due da	ed copies of required relevation pany the application form. All I certificates will be verificating of the candidates. Applicate i.e. 9.1.2025 at 5.00 to be entertained.						
12	TA/DA.	No TA	DA will be given to the candid inseling						
3	Terms and conditions	The a	ppointment shall be subject ons as per policy of the Gove						
4	Application	Applica	tions are invited on the for sement(Annexure-B)						

The decision of the committee in regard to batch-wise selection will be final.

Director

Dental Health Services Himachal Pradesh

FORMAT OF APPLICATION (ANNEXURE-B)

APPLICATION FOR THE POST OF MEDICAL OFFICER(DENTAL) IN THE DENTALHEALTH DEPARTMENT ON CONTRACT BATCH WISE BASIS

1).	Name of the	Applicant					(A	ttest	ed passport			
2.)	Father/Husb	Father/Husband,s Name			1				ioto)			
3)	Sex(Wale/Fe	rriale)			-							
4)	Date of Birth											
5)		Correspondence										
		Address with pin code										
6)	Permanent Home Addressed with pin code											
7')	Contact No.				Tel. I	Mobile No./	No./email id					
8)	Name of category/ Sub category		-									
9)	State to which	n belong						30 Z				
10)	Educational Qualifications:											
	Examination passed	Year	Marks obtained/ maximum marks	%age		Year of passing	Name of institution/un rsity	ive	Date of completion of internship			
	BDS	First							memamp			
		Second										
		Third										
		Fourt:h										
1)	Documents enclosed(Attach copies duly attested) I. Matric certificate III. Degree of Bachelor of Dental Surgery IIII. Marks Sheet of BDS first to final year IV. One year Rotatory Internship Certificate V. Attempt certificate. VI. H.P.State Dental Council Registration Certificate renewed for the year 2024. VIII. Certificate in support of reservation of WFF & PH (OH) VIII. Domicile Himachali Certificate. IX. Character Certificate to be issued by the Executive Magistrate											

I declare that, I am Indian Nation and all statements made in this application are true, complete and correct to the best of my knowledge and belief. I understand that in event of any irrformation being found false or incorrect, my candidature is liable to be cancelled.

Date Place: