

No. Swa-Ni(1)Kh(15)1512/91(Regularization-2026)
Health and Family Welfare Department
Himachal Pradesh.

To



The Director,
Medical Education and Research, HP
Health Safety and Regulation, HP.Shimla-2.
All the Principals of Government Medical Colleges, Dental College ,
Superspeciality Block & Hospital Chamiyana, in HP.
All the Chief Medical Officers in HP.
All the Sr. Medical Superintendents/ Medical Superintendents in HP.
The ZLO, lohangi Distt. Solan and Kandbari Distt. Kangra, HP.

Dated: Shimla -171009, the

Subject:- Regularization of contract appointees in Government Departments in the year 2026.

Sir,

On the above noted subject, it is intimated that the services of contractual appointee i.e PHARMACY OFFICER, RADIOGRAPHER, OPERATION THEATRE ASSISTANT, OPHTHALMIC OFFICER, PHYSIOTHERAPIST, LABORATORY ASSISTANT, MEDICAL LABORATORY TECHNICIAN GR-II, who are due to complete two year's **continuous service as on 30 Sept., 2026** may be regularized.

You are, therefore requested to send the information on the Proforma "A" & "B" in consolidate manner of each category separately and send the same to this Directorate positively along-with following documents/ certificates:-

1. Proforma A & B of the candidates
2. Copy of appointment Order.
3. Service Certificate (continuous two years)
4. Work and Conduct Certificate (Two years).
5. Category / Sub-Certificate (in Case SC/ST/OBC/PH/WEXM).
6. Character Certificate from Executive Magistrate.
7. Photocopies of sanction of leave (if any).

The Soft copy of Proforma "B" be send through E-Mail on paramedicalseat04@gmail.com In case, there is no eligible candidate in your Distt. Nil report may be sent to this Directorate within seven days positively.

Director Health Services
Himachal Pradesh

Dated: Shimla-171009, the

Endst. No. As above

Copy forwarded for information and necessary action to:-

1. The Superintendent, Medical -V, Branch(IT Cell), Dte. H&FW, HP.
2. Through E-Mail.
3. GF.

Director Health Services
Himachal Pradesh.

PROFORMA "A"

SUBMISSION OF PARTICULARS IN R/O CONTRACT EMPLOYEE i.e. PHARMACY OFFICER, RADIOGRAPHER, OPERATION THEATRE ASSISTANT, OPHTHALMIC OFFICER, PHYSIOTHERAPIST, LABORATORY ASSISTANT, MEDICAL LABORATORY TECHNICIAN GR-II FOR REGULARIZATION AFTER COMPLETION OF TWO YEARS SERVICES AS ON 30.09.2026.

1.	Name of Contract Employee / Designation					
2.	Subject					
3.	Father's Name					
4.	Address of present place of posting with contact No		Phone No. with STD code			
Or Concerned Head of the Institution						
5.	Permanent Address of candidate (Mob. No. Mandatory)					
6.	Date of Birth		Male/ Female			
7.	Date of Joining on contract basis		Appointment order No. & Date			
8.	Category/ Subcategory Gen, SC,ST,OBC (EXM, WEXM, BPL, YSS, PWD) against which he/she appointed					
9.	Detail of only un-authorities absence period, if any till 30.09.2026 for which salary not drawn:					
10.	From (Date)	To (Date)	No. of Days	Reasons of un-authorized absence		
11.	Total length of service as on 30.09.2026 after excluding the period as mentioned in Column NO. 10(if any)					
12.	Educational Qualification:-					
	Qualification	Name of Board/ University	Year of passing	Total Marks	Marks Obtained	Percentage
	Matric					
	10+2(Science)					
	Diploma					
	Degree					
	Registration No. of Pharmacy Council / Paramedical Council alongwith renewal certificate					
13.	Date of registration renewal valid upto					

Signature of Contract employee

(Name-----)

(Designation_____)

Work and Conduct Certificate

1. It is certified that Sh. /Smt. Miss. _____ is working as contract (Name of the post) _____ at _____ (Name of the Institution) vide Directorate of Health Services, Order / Letter No. _____ Dated _____ at Sr. No. _____
2. His /Her Work and Conduct is _____ during the last two years (attached copy)
3. Certified that the Information as mentioned above is correct as per the Institution/ relevant record.

Dated: _____

Signature of Head of Institution(Official Seat)

(Name of Signing Officer with stamp _____)

Checklist for Head of the Institution/DDO to ensure before sending the case from institution:-

1. Whether all column have been filled correctly. Don't make any alternation in the above Proforma.
2. Whether Mobile No./Phone No. in r/o employee and institution is mentioned.
3. Whether Appointment order, Work and conduct certificate, Character Certificate & other documents have been attached.
4. Be send particulars of only one category separately in each proforma.

For office use only (at Directorate level):

Remarks of Screening committee if any-----

Whether Recommended for regularization or Not:

If Not mention the reason-----

Signature of Member

Signature of Member

Signature of Member

Signature of Chairman

PROFORMA "B"

[illegible]