No.DDHS-Med-1(B)(A) 5/99-Vol. X -1285-85 **Directorate of Dental Health Services** Himachal Pradesh.

DEN JAL HEALTH SERVICES 1 8 DEC 2024

DIRECTO'

To

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

SHIMLA-9

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-AlliB (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 advertisement published in newspapers may also be supplied to this office for reference and

DIRECTO further action please DENTAL HEALTH SERVICES 1 8 DEC 2024 SHIMLA-9

Yours faithfully,

Dental Health Services

Dated Shimla-9, the

Endst. No. as above.

1280-85 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

2. 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 Modal Officer, DDHS along with a copy of public notice to upload the same on the website of www.hpsdc.org.in

6. Notice Board Die.of Dental Health Services, HP

7. Guard file.

Dental Health Services Himachal Pradesh PH No. 0177 2621594

DEPARTMENT OF DENTAL HEALTH SERVICES, HIMACHAL PRADESH, SHIMLA-171009

Sr. No.	Name and address of the employer	Dental Health Services, Himachal Pradesh, SDA Complex, Block No. 9, Shadan, Kasumpti, Shimla-9						
1	Telephone No. if any	0177-2621594/2621814						
2	Name of the post	Medic	al Officer (Dental)					
3	Number of vacancies, contract basis	3 (Thi	ree)	Database and Datab				
4	Reservation of posts	Sr. No.	Category	No. of posts	Batch required(Batch will be considered from the year of completion of compulsory rotatory internship)			
		1	General	1	Up to 2005			
		2	General(W.F.F)	1	Up to date			
		3	General (Physically Handicapped (O.H))	1	Up to date			
	The state of the s		Total	3	*			
5	Educational and other cualification	A bac	ntial Qualification chelor of Dental Surgery Dentized by the Dental Council P State Dental Council for the					
6	Age limit	45 ye	ars and below as on 13.11 ars in case of Physically Handi					
7	Flay		e fixed contractual remunerat					
8	Flace of work		nere in Himachal Pradesh					
9	Place and date of documents verification	30.1 separa	torate of Dental Health Serven. 2025 and shortlisted candidately through their valid coned in the Application Formal					
10	Last date of receipt of the applications from the eligible candidates in the Directorate of Dental Fleath Services H.P Kasumpti, Shimla-1711009.	On or	before 9.1.2025 up to 5.00 by hand. Any other mode will					
1	Any other relevant information	accom origina courise due da	ed copies of required releading the application form. A life certificates will be verically of the candidates. Applicate i.e. 9.1.2025 at 5.00 of the entertained.					
	TA/DA	No TA	DA will be given to the cand inseling					
	Terms and conditions	The ap	opointment shall be subjections as per policy of the Gor					
	Application	Applica	tions are invited on the forment(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					(Attest	ed passport			
2)	Father/Husband,s Name				Train in	size pi	1010)			
3)	Sex(Wale/Fernale)									
4)	Date of Birth									
5)	Correspondence Address with pin code					4.				
6)	Permanent Home Addressed with pin code						1-1-1-1			
7)	Contact No.			Tel. I	Tel. Mobile No./email id					
8)	Name of category/ Sub category									
9)	State to which	belong								
10)		Educational Qualifications:								
	Examination passed	Year	Marks obtained/ maximum marks	%age	Year of passing	Name of institution/unive rsity	Date of completion of internship			
	BDS First									
		Second								
		Third								
		Fourth								
11)		I. Matric certificate II. Degree of Bachelor of Dental Surgery III. 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. VII. 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 information being found false or incorrect, my candidature is liable to be cancelled.

Date Place: