CHENNAI CITY URBAN HEALTH MISSION GREATER CHENNAI CORPORATION, CHENNAI 600 003

The Chennai City Urban Health Mission proposes to engage following staff to work in Urban Health & Wellness center of Greater Chennai Corporation under National Urban Health Mission on contractual basis. The details of vacancies and minimum educational qualification are given below:

S. No	Designati on	Nos req uir ed	Consolid ated pay per Month (In Rs.)	Qualifications	Age Limit
1	Medical Officer	60	60,000	MBBS Degree awarded by a University or Institution recognized by the UGC for the purpose of its grants. The courses must have been approved by the Medical Council of India/NMC. Should have registered in Tamil Nadu Medical Council.	Below 40 Years
2	Staff Nurse	60	18,000	Diploma in General Nursing and Midwifery (DGNM) or B.Sc., Nursing from the Institution recognized by the Indian Nursing Council.	Below 50 Years
3	MPHW/ Multi- Purpose Health Worker (Health Inspector- Grade-II) - Male	60	14,000	 i) Must have passed plus two with Biology or Botany and Zoology. ii) Must have passed Tamil language as a subject in SSLC level. iii) Must possess two years for Multipurpose Health worker (male) / Health Inspector/ Sanitary Inspector course training / offered by recognized private institution /Trust/ Universities / Deemed Universities including Gandhigram Rural Institute Training course certificate granted by the Director of Public Health and Preventive Medicine. 	Below 35Years
4	Support Staff	60	8,500	Should have studied minimum 8 th Standard. Must be able to read and write.	Below 45 Years

Conditions of recruitment

- Place of work will be in Greater Chennai Corporation limits.
- Contract Period is for 11 months only and it is purely on temporary basis.
- The candidate shall not claim any rights for permanency in the contractual job. The employer is Chennai City Urban Health Mission.

- The Chennai City Urban Health Mission Administration reserves the right not to specify any reason for such termination.
- Location of the vacancy is attached in Annexure -1.

The application format can be freely downloaded from the website <u>www.chennaicorporation.gov.in</u>

The list of self-attested documents photo copies to be attached along with the filled application form:

- 1. One recent passport size photograph.
- 2. Evidence of Date of Birth (Birth Certificate / SSLC / HSC certificate).
- 3. Evidence for Tamil eligibility (10th or 12th standard mark sheet).
- 4. Community Certificate issued by the Revenue Department / Competent Authority
- 5. Proof of residency (any one document Mandatory):
 - a. Nativity Certificate issued by the Revenue Department
 - b. Voter ID
 - c. Panchayat / Municipality / Corporation / Tax receipt
 - d. Aadhar Card
 - e. Ration Card
- 6. Educational Qualification,

S.No	Designation Mandatory Documents should be submitted				
1	Medical Officer	 10th / 12th mark sheets MBBS all Semester mark sheets Medical Council of India registration certificate issued by Tamil Nadu Medical Council/NMC. If MBBS from Foreign University the Foreign Medical Graduate Examination mark sheet issued by National Board of Examinations (NBE). 			
2	Staff Nurse	 10th / 12th mark sheets B.Sc (Nursing) or GNM all Semester mark sheets Tamil Nadu Nurses and Midwives council registration certificate (for Nurses). Evidence for Tamil eligibility 			
3	MPHW/ Multi-Purpose Health Worker (Health Inspector-Grade-II) - Male	 10th / 12th mark sheets Multipurpose Health Worker (HI) training certificate issued by the Tamil Nadu Government Evidence for Tamil eligibility 			
4	Support Staff	1. Minimum 8 th Standard certificate			

7. Certificate of Character and conduct issued by a Group A or Group B Officer working in Government. The Certificate should be a recent one issued within 3

months prior to the notification (applicable for all the applicants including fresh graduates).

- 8. Certificate of Character and conduct issued by the Head of the Institution where the candidate had undergone the course or currently studying.
- 9. In the case of a differently-abled person, a Certificate from a Zonal Health Officer - GCC / Block Medical Officer to the effect that the candidate is fit enough to discharge the duties assigned along with the percentage of Disability.
- 10. Certified evidence for work experience for Covid from appropriate authority as per GO.
- 11. No objection certificate from the competent authority (if applicable).
- 12. Any other special records of significance from competent authorities as indicated in the selection criteria mentioned.

Candidate will be selected based on the scoring criteria described in the Government Orders for selection of Human Resource for Urban Health and Wellness Centres. Screen will be given based required document submitted with the application.

The Candidates should submit their completed application in the prescribed format and relevant certificates either by Postal Service or in-person to the address given below on or before <u>11.04.2025</u> till **5.00 PM. Applications received beyond last date and time will not be entertained.**

"Member Secretary, CCUHM / City Health Officer, Public Health Department, 3rd Floor, Amma Maligai Greater Chennai Corporation, Ripon Buildings, Chennai - 3"

The selected candidates need to enter into an agreement with Chennai City Urban Health Mission.

For Further details, candidates may Contact The City Health Officer, Public Health Department, Ripon Buildings, Chennai - 600 003, Phone: 044 - 2561 9330, 044 - 2561 9209, during office hours on working days.

Member Secretary/City Health Officer Chennai City Urban Health Mission

S.No	Zone	Div	Health and Wellness Center Address		
1	1	2	Erneeshwaran Kovil street (Div 4)		
2	1	4	Thiru Vidhi Amman Kovil Street		
3	1	6	Kirubanantha Vathiyar Street (Div 7)		
4	1	8	Rettaimalai Srivinivasa		
5	2	18	Cpcl Nagar 3Rd Street, Manali Ch 68		
6	2	21	N.S.K Street , Manali Ch-68		
7	3	29	Nethaji Street , Ponniamman Medu Ch-110		
8	4	48	Mottai Garden PHC		
9	5	51	Old Pc, Raman Street 8Th Lane, Royapuram		
10	5	50	Venkateshan Street		
11	5	57	Old UPHC Building, Vadamalai Street, Sowcarpet		
12	6	66	Thiyagarajan Street, Vetri Nagar, Ch-82		
13	6	68	Tuberculosis Hospital Campus		
14	6	78	No : 2,Kuravan Kulam Lane, Choolai,		
15	7	82	Padasalai Street, Kallikuppam, Ambattur		
16	7	84	Bajanai Koil Strteet, Korattur, Chennai - 80		
17	7	85	Kamarajapuram, Ambattur, Chennai - 53		
18	7	86	Tnscb Quarters, Athipet, Chennai - 58		
19	7	87	TNHB 11th Street		
20	7	88	Millenium Park, Park Road, Padi		
21	7	89	Elango Nagar, Padi		
22	7	90	Padi Pudhu Nagar, 2Nd Street, Anna Nagar West Exstn		
23	7	91	6Th Block, Mogappair West		
24	7	92	Elongo Salai		
25	7	93	Padikuppam		
26	8	104	Tv Nagar, Kamarajar Street, Thirumangalam		
27	9	111	Mackies Garden		
28	9	120	Nadukuppam		
29	10	127	No.1, Iyappa Nagar, 1st Main Road, Koyambedu		
30	10	129	Ponniamman Koil St, Saligramam		
31	11	144	MMDA 2nd Main road, Maduravoyal		
32	11	145	Madhakovil street, Nerkundram		
33	11	146	VGP Amudha nagar Maduravoyal (Div 144)		

Annexure - 1 - 60 Health and Wellness Centers Location Details

S.No	Zone	Div	Health and Wellness Center Address	
34	11	148	Kamarajar Street, Balavinayagar Nagar, Nerkundram	
35	11	151	Mph Road, Unit Office	
36	11	152	Bharathi salai Valasaravakkam	
37	11	155	Amman Nagar 1St Main Road, Ramapuram	
38	12	159	No.14, , Kamaraj Street, Meenapakkam, Chennai - 600 027	
39	12	160	Eswaran Koil Lane Beyond Amma Unanvagam Alandur - 16 Old Building	
40	12	161	Conservancy Inspector	
41	12	163	No. 1 Parthasarthy Nagar 8Th Extn Near Ration Shop	
42	12	164	Nehru Colony Main Road	
43	12	165	South New Street Vanuvamper	
44	12	166	Bv Nagar 3Rd Street	
45	13	172	TNHSP LAnd,.No:27,KAnnigapuram,Velachery,Ch	
46	13	173	Indra Nagar 3Rd Avenue, (Junction Of Indra Nagar 28Th Cross Street)	
47	13	174	No:18, Vacant Land, Sasthri Nagar 8th cross street, Adyar. (Unit office campus)	
48	13	179	Old Corporation Gym Buliding(Near), Cholapuram Street, Thiruvanmiyur, Ch-41	
49	13	180	Thiruvalluvar Nagar 38Th Cross Street, Tnhb Vaccant Land, Thiruvanmiyur	
50	14	183	Anna Salai ,Palavakkam Kuppam	
51	14	184	Thirumalai Nagar 5th cross street	
52	14	186	Zonal Office , Puzhuthivakkam	
53	14	187	52/4 Ram nagar south 13th street Madipakkam.	
54	14	188	Mylaibalaji Nagar 2Nd Block,	
55	14	189	Kamakoti Nagar 6th Street North	
56	14	191	Veerathamman Koil Street	
57	15	192	Singaravelan 5Th Cross Street, Chinna Neelankarai Kuppam, Neelankarai	
58	15	193	Omr Main Road Ptc	
59	15	194	Chinnadi Kuppam Mettu Street, Vetuvankani	
60	15	196	8Th Main Road,Near Door No:5882,Kannagi Nagar	

GREATER CHENNAI CORPORATION-PUBLIC HEALTH DEPARTMENT APPLICATION FOR THE POSTS FOR URBAN HEALTH AND WELLNESS CENTER IN GCC ON CONTRACT BASIS

Name of the post:

Medical Officer/ Staff Nurse/ Multi-Purpose Health worker (Health Inspector – Grade II - Male) / Support Staff (Please fill the appropriate post name in above space)

1.	Applicants Name/ விண்ணப்பதாரரின் பெயர்	:	
2.	Father Name (or) Husband Name/ தந்தை பெயர் (அல்லது)கணவர் பெயர்	:	
3.	Date of Birth (DD/MM/YYYY) / பிறந்த தேதி	:	
4.	Age / ഖயது	:	
5.	Educational Qualification / கல்வி தகுதி (சான்றுடன்)	•	
0.	% of marks obtained in the qualifying examination (Degree / Diploma) / தகுதித் தேர்வில் பெற்ற மதிப்பெண்களின் %		
	Current Residential Address / தற்போதைய வீட்டு முகவரி(சான்றுடன்)		
	Door No/ வீட்டு எண்		
	Street Name/ தெருவின் பெயர்		
6.	Area /பகுதி	:	
	District/ மாவட்டம்		
	Name of the Zone in Chennai Corporation/ சென்னை மாநகராட்சி மண்டலத்தின் பெயர்		
	Division Number / வார்டு எண்		
	Permanent Address / நிரந்தர முகவரி		
	Door No/ வீட்டு எண்		
7.	Street Name/ தெருவின் பெயர்		
	Area /பகுதி		
	District/ மாவட்டம்		
8.	Religion / மதம்	:	
	Community / சாதி(சான்றுடன்)	:	

Passport size photo

9.	Aadhar Card Number / ஆதார் எண்(சான்றுடன்)	:	
10.	Phone Number / தொலைபேசி எண்	:	
11.	Email ID (if Available) மின்னஞ்சல் முகவரி	:	
12.a	Worked in COVID 19- Pandemic – (If Yes Experience Certificate to be Enclosed) கோவிட் 19 தொற்று காலத்தில் பணிபுரிந்துள்ளாரா? ஆம்/இல்லை (ஆம் எனில் அனுபவச்சான்று இணைக்கப்பட வேண்டும்)	:	Yes /No
12.b	COVID 19 Pandemic - Experience (in number of months) கோவிட் 19 தொற்று கால பணி அனுபவம்(மாதங்களில்)	:	
13	Transgender/ Differently Abled/ Deserted wife/ Destitute widow – (If Yes Certificate to be Enclosed) மூன்றாம்பாலினம்,மாற்றுத்திறனாளி,கணவரால் கைவிடப்பட்டவர்,ஆதவரற்ற விதவை (ஆம் எனில் சான்று இணைக்கப்ப வேண்டும்)	:	Yes /No
14	Working Experience in any Health Care Institution. (If Yes Experience Certificate to be Enclosed) வேறு எதாவது சுகாதார மையத்தில் பணிபுரிந்த அனுபவம் (ஆம் எனில் அனுபவச்சான்று இணைக்கப்பம் வேண்டும்)		

I attest that the information stated is true to the best of my knowledge.

மேலே கொடுக்கப்பட்ட அனைத்து தகவல்கலும் உண்மை என்று சான்றளிக்கிறேன்.

Place / & Lib:

Date /**தேதி**:

Applicants Signature விண்ணப்பதாரரின் கையொப்பம்