



ANDAMAN & NICOBAR UNION TERRITORY HEALTH MISSION

&  
OFFICE OF THE STATE HEALTH SOCIETY (A&N ISLANDS)

Vacancy Notice

| Sl. No. | Name of the Post | Qualification                                                                                                                                                                                                                                                                                                                                                                                                                                                          | No. of Post | Consolidated Salary (in Rs.) |
|---------|------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|------------------------------|
| 1.      | Renal Technician | <p><b><u>Essential :-</u></b></p> <p>i. 12<sup>th</sup> Std. (senior School Certificate Examination) passed from a recognized Board/Institution.</p> <p>ii. 02 years Diploma in Dialysis Technology / from a recognized University / Institution or its equivalent.</p> <p>iii. Must pass trade test being conducted by the Department.</p> <p>The final selection of candidates will be based on the outcome of trade test.</p> <p>Age: - Not more than 60 years.</p> | 02          | Rs. 25,000/-                 |
| 2.      | Physiotherapist  | <p><b><u>Essential :-</u></b></p> <p>I. Graduate in Physiotherapy with 3 years experience.</p> <p>II. Working knowledge of computers.</p> <p>Age: - Not more than 60 years.</p>                                                                                                                                                                                                                                                                                        | 03          | Rs.25,000/-                  |

|                                                                                                                                       |              |                                                                                                                                                                                                                                                                                   |    |              |
|---------------------------------------------------------------------------------------------------------------------------------------|--------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--------------|
| 3.                                                                                                                                    | Radiographer | <b><u>Essential :-</u></b><br>i. 12 <sup>th</sup> Standard from recognized Board/Institution.<br>ii. Degree / Diploma in Radiography from a recognized institution.<br><br><b><u>Desirable :-</u></b><br>1-2 years experience in the field.<br><br>Age: - Not more than 60 years. | 03 | Rs. 25,000/- |
| The last date of receipt of application is 28.08.2026 and the interview time, date & venue will be intimated later to the candidates. |              |                                                                                                                                                                                                                                                                                   |    |              |

| APPLICATION FORM                                                                       |                           |                             |                   |                       |               |                          |                                   |
|----------------------------------------------------------------------------------------|---------------------------|-----------------------------|-------------------|-----------------------|---------------|--------------------------|-----------------------------------|
| Post Applied for:                                                                      |                           |                             |                   |                       |               | Self Attested Photograph |                                   |
| 1. Name of the Applicant:                                                              |                           |                             |                   |                       |               |                          |                                   |
| 2. Father's Name:                                                                      |                           |                             |                   |                       |               |                          |                                   |
| 3. Date of Birth:                                                                      |                           |                             |                   | Age as on 28.08.2026: |               | 4. Sex:                  |                                   |
| 5. Present Contact Address with Telephone No.:                                         |                           |                             |                   |                       |               |                          |                                   |
| 6. Permanent Contact Address with Telephone No.:                                       |                           |                             |                   |                       |               |                          |                                   |
| 7. Languages spoken/written:                                                           |                           |                             |                   |                       |               |                          |                                   |
| 8. Education: High school onwards, please list all your qualifications                 |                           |                             |                   |                       |               |                          |                                   |
| S.No.                                                                                  | Educational Qualification | Institute/ Board & Location | Year              | Marks                 |               |                          | Full/Part Time/ Distance Learning |
|                                                                                        |                           |                             |                   | Full Mark             | Marks Secured | %                        |                                   |
| 1.                                                                                     |                           |                             |                   |                       |               |                          |                                   |
| 2.                                                                                     |                           |                             |                   |                       |               |                          |                                   |
| 9. Employment Reg. No.:                                                                |                           |                             |                   |                       |               |                          |                                   |
| Years of experience:                                                                   |                           |                             |                   |                       |               |                          |                                   |
| 10 A. Current Employment:                                                              |                           |                             |                   |                       |               |                          |                                   |
| From (Month / Year)                                                                    |                           |                             | To (Month / Year) |                       | Designation   |                          |                                   |
|                                                                                        |                           |                             |                   |                       |               |                          |                                   |
| Location of Employment:                                                                |                           |                             |                   |                       |               |                          |                                   |
| Description of your duties:                                                            |                           |                             |                   |                       |               |                          |                                   |
| 10 B. Previous Employment:                                                             |                           |                             |                   |                       |               |                          |                                   |
| From Month / Year                                                                      |                           |                             | To Month / Year   |                       | Designation   |                          |                                   |
|                                                                                        |                           |                             |                   |                       |               |                          |                                   |
| Location of Employment:                                                                |                           |                             |                   |                       |               |                          |                                   |
| Description of your duties:                                                            |                           |                             |                   |                       |               |                          |                                   |
| The above information furnished by me is correct and true to the best of my knowledge. |                           |                             |                   |                       |               |                          |                                   |
| Signature of the Applicant                                                             |                           |                             |                   |                       |               |                          |                                   |

Documents to be enclosed with the application:

**Attested photocopies of Mark Sheets, Certificates** in support of Educational Qualifications, e.g. Degree, Post-graduation, Professional Qualifications etc. (as the case may be)

**Experience certificate(s)** specifying **NATURE & PERIOD** of experience should be enclosed.

**Application should be sent in a cover superscripted “APPLICATION FOR THE POST OF “.....” and should be addressed to: A & N Union Territory Health Mission, Office of State Health Society (A&N Islands), Quarter No. AP-III, Atlanta Point, Sri Vijaya Puram-744104, Telefax: 03192-234965, e-mail: nrhm.anislands@gmail.com**

**GENERAL INFORMATION:**

- i) The appointment will be made purely on merit basis.
- ii) Interested candidates fulfilling the eligibility are requested to apply in the prescribed format in A4 size paper.
- iii) While applying for the post, the applicant should ensure that he/she fulfils the eligibility and other norms and that the particulars furnished by him/ her are correct in all respects and suppression of information would lead to disqualification at any stage.
- iv) Interested candidates shall be ready to work in remote / hard areas as and when directed and also may have to travel to remote/hard areas as required.
- v) Incomplete/defective applications, applications without photograph of the candidates shall be summarily rejected.
- vi) The engagement will be on Contract basis for period of 11 months from the day you sign the contract within the stipulated period as per the offer of appointment letter. Any extension or renewal of your appointment beyond this duration, if any, will be subject to a review on your performance and contribution in your work and an agreement on terms that must be mutually agreed upon. However this would not be construed in any manner a promise for the regular appointment under State Health Society (A&N Islands).
- vii) No individual call letters will be issued for appearing in the interview. Only the shortlisted candidates who have submitted application are required to attend the interview.
- viii) The shortlisted candidate will be notified for the interview in the specified date and time alongwith the venue.
- ix) No TA/DA shall be payable for appearing in the interview.

Mission Director  
UT Health Mission