

कार्यालय निदेशक, मानसिक स्वास्थ्य संस्थान एवं चिकित्सालय, आगरा । पत्रांक-नि0/2025/

सेवा में.

एलिन एड्स, संजय प्लेस, आगरा ।

महोदय,

निम्नांकित समाचार पत्रों में डी०ए०वी०पी० दरों पर संलग्न संविदा पर नियुक्ति हेतु विज्ञापन को न्यूनतम स्थान में प्रकाशित कराये जाने के उपरान्त समाचार पत्रों से विज्ञप्ति की कटिंग एवं बीजक भुगतान हेतु दो प्रतियों में उपलब्ध कराने का कष्ट करें ।

- 1. अमर उजाला, आगरा ।
- 2. दैनिक जागरण, आगरा।
- 3. टाइम्स ऑफ इण्डिया, नई दिल्ली ।

निदेशक भानसिक स्वास्थ्य संस्थान एवं चिकित्सालय, आगरा ।

पृ०सं०—नि० / विज्ञप्ति / २०२५ / ८५७ तद्दिनांक प्रतिलिपि—निम्नलिखित को सूचनार्थ एवं आवश्यक कार्यवाही हेतु प्रेषित ।

- 1. चिकित्सा अधीक्षक, मानसिक स्वास्थ्य संस्थान एवं चिकित्सालय, आगरा ।
- 2. वित्त अधिकारी, मानसिक स्वास्थ्य संस्थान एवं चिकित्सालय, आगरा ।

मानसिक स्वास्थ्य संस्थान एवं चिकित्सालय, आगरा ।

INSTITUTE OF MENTAL HEALTH & HOSPITAL, AGRA

Mathura Road, Agra-282002 Email-imhh.agra@gmail.com

WALK IN INTERVIEW

No. Dir./M.O/Walk in /2025/8D

Date:- 07/1/16

IMHH, Agra invites applications for following position on Contractual basis for ATF Scheme (Addiction Treatment Facility). Details of the post, qualifications, experience etc. General conditions and application form can be downloaded from Institute Website- www.imhh.org.in

Post Name	N. C.			
	No. of Posts	Salary Amount in (Rs.) Per Month	Duration	
Medical Officer	01	Rs. 60,000 Fixed Pay	12 Months	

l Health & Hospital,

Qualifications

Medical Officer, ATF Scheme (Addiction Treatment Facility)

Minimum Qualification of MBBS with Medical Council of India/NMC Registration/State Medical Council Registration.

Roles/Responsibilities

- 1- Providing assessment and diagnostic services to the patients.
- 2- Providing initial short term treatment as well as long term pharmacotherapy to the patients.
- 3- Providing referral services to the patients-including referral for other health condition, other social needs, as well as referral to the higher centre for management of complex cases of substance use disorders.
- 4- Providing orientation to other departments/staff of the hospital (to enhance referrals to the clinic).
- 5- Assisting the nodal officer in Day-to-day management and supervision of the functioning of ATF Scheme (Addiction Treatment Facility).

TERMS AND CONDITIONS -

- 1. The positions are on Contractual basis for 12 Months.
- 2. The candidate must bring all original documents for verification.
- 3. The Candidates should determine their eligibility.
- 4. The Institute shall verify the antecedents or documents submitted by a candidate at any time, at the time of appointment or during the tenure of the service. In case, it is detected that the documents submitted by the candidates are fake or the candidate has a clandestine antecedents / background and has suppressed the said information or material facts, then his services shall be terminated and a legal action may be initiated.
- 5. Canvassing in any form will disqualify a candidate.
- 6. No TA/DA shall be admissible for attending interview.
- The selected candidate should be ready to join immediately.



REMEMBER-

- 1. Attach self attested photocopies of all relevant documents.
- 2. Affix recent passport size color photograph with name and date.
- 3. One self addressed envelope size 23cm x 10cm affixing postal stamp of 50/-.
- 4. Satisfy that you possess at least minimum essential qualification.
- 5. The application should reach on or before 12-02-2025 at 5 pm.
- 6. Interview Schedule-

<u>Date, Time and Place of Interview shall be notified on the website of the Institute soon.</u>

Note: Candidates are also advised to check website regularly for date, time and place of the interview.



Institute of Mental Health and Hospital,

Mathura Road, Agra-282002

Last date for submission of Application Form- 12-02-2025

	Application Form
Adve	rtisement Date
	Applied For
	Category- Gen () OBC () SC () ST ()
1.	Name of Candidate
2.	Father's/Husband's Name
	(in block letters)
3.	Date of Birth
4.	Age (As on
5.	Gender- Male () Female ()
6.	Marital Status Married () Unmarried () Other () Specify-
7.	Nationality
8.	Mailing Address
	Pin-
9.	Permanent Address
10.	E-Mail Address
11.	Contact No. Base Line Mobile- (With STD Code)
12.	Languages Known Hindi () English () Other () Specify-



13. Educational Qualifications-(In chronological order from High School on ward)

Examination passed	Year	Board/Institution/ University	Max.Marks/ Obtained	%Marks	Attempt	Subject
	7				-	

14. Experience Details-

	Name and address of employer Duration Permanent, To Temporary	Permanent/	Pay	Total Duration			
Designation		From	То	Temporary	Scale	Teaching	Non Teaching
		,					
						-	
			,				



15.	Registration- MCI/NMC No.				
	S(MCI) No.				
16.	Do you fulfil essential qualification, if Yes Please me	ntion-			
	••••••				

17.	Joining time required- Minimum	Maximum			
	DECLARATION	V			
1.	I, hereby, declare that I have carefully read the care understood and binding on me. I also declare that all statements/information's correct and if any particulars/information's being candidature may be cancelled. In case, anything appointment, my services are liable to be terminand legal action may be taken against me.	s given in the application are g found false or concealed, my g adverse is detected after my			
3.	I am employee of Govt. Of U.P./Govt. Of India/Govt. Undertaking/Autonomous body. I have informed and applied to the competent authority regarding my application and for issuance of No Objection Certificate on dated-				
List of	Enclosures-				
		Signature of the Candidate Place: Date:			

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