



Government of Jharkhand
Office of Civil Surgeon cum Chief Medical Officer Dhanbad, Jharkhand
Email ID : nuhmdhanbad@gmail.com

Advertisement No – 247 UH / 15th FC / 2026 Date- 24.10.2026

Walk In Interview for Selection of Specialist Medical Officer and Dentist

Date of Walk In Interview : 04.11.2026 Time : 11:30 AM

Venue : Civil surgeon office Dhanbad

Applications are invited from eligible candidates for engagement of Specialist Medical Officers and Dentist on a contractual basis at UPHC-Polyclinics, Dhanbad, under the 15th Finance Commission fund.

SNo	Post Name	Position	Eligibility	Age limit as on 31.10.2026	Remuneration
1	Specialist – Medicine	1 - UR	MBBS Degree with Post graduate degree / diploma from any NMC recognized Institution in General Medicine / Obstetrics & Gynaecology/ Paediatrics/ Orthopaedics/ Dermatology Note ; Valid Registration with appropriate Medical Council	Minimum age -23 Years & Maximum age 64 years	Rs 1,05,000 Per Month
2	Specialist – Obstetrics & Gynaecology	1 - UR			
3	Specialist – Paediatrics	1 - UR			
4	Specialist – Orthopaedics	1- UR			
5	Specialist – Dermatology	1- UR			

SNo	Post Name	Position	Eligibility	Age limit as on 31.10. 2026	Remuneration
1	Dentist	1 -UR	BDS degree from a recognized dental college / institution recognized by Dental Council of India (DCI) and Valid registration with the DCI or State Dental Council Experience -Minimum 2 Years Post Qualification Experience in a Hospital /Institution setup.	35 Years	Rs 37,500 per Month

Terms and Conditions

1. The engagement shall be **purely contractual** for a period of **one year or up to the continuation/availability of funds under the 15th Finance Commission, whichever is earlier**, and may be extended further subject to availability of funds, satisfactory performance and approval of the competent authority.
2. The engagement shall not confer any right or claim for regular/permanent appointment under the Government.
The selected Specialist Medical Officers and Dentist shall provide services on a **rotational basis** at the following UPHC-Polyclinics: 1.UPHC Shivpuri, Bhuli 2.UPHC Chandmari Dhanbad 3.UPHC Katras 4. UPHC Kolakushma 5.UPHC Rajbari, Jharia
3. Candidates must possess the prescribed educational qualification and valid professional registration as on the date of the Walk-in Interview.
4. Eligible candidates are required to appear for the Walk-in Interview along with **all original certificates/documents and one set of self-attested photocopies and one passport size photo** .
5. No TA/DA shall be admissible for attending the Walk-in Interview.
6. The advertisement and application form can be downloaded from www.dhanbad.nic.in.

Sd /
Civil Surgeon-Cum-
Chief Medical Officer Dhanbad



APPLICATION FORM FOR WALK-IN INTERVIEW

Advertisement No. 247 /UH/15th FC/2026

Date of Walk-in Interview: ____/____/____ Time: ____

Venue: Office of the Civil Surgeon-cum-Chief Medical Officer, Dhanbad

1. POST APPLIED FOR: -

Name of the Post/ Specialist: _____

Category: ☐ UR ☐ EWS ☐ BC-I ☐ BC-II ☐ SC ☐ ST ☐ Other: _____

Recent Photograph

2. PERSONAL DETAILS: -

Particulars

Details

1. Full Name of Applicant (in CAPITAL LETTERS)

2. Father's/Husband's Name

3. Date of Birth

4. Age as on 31.10.2026

5. Gender

6. Nationality

7. Marital Status

8. Aadhar No.

9. Mobile No.

10. E-mail ID (In Capital Letters)

____/____/____

____ Years ____ Months ____ Days

☐ Male ☐ Female ☐ Other

☐ Married ☐ Unmarried ☐ Other

3. CORRESPONDENCE ADDRESS: -

Present Address:

District: _____ State: _____ PIN: _____

Permanent Address:

District: _____ State: _____ PIN: _____

Signature



4. EDUCATIONAL QUALIFICATION: -

Sl no.	Degree/Diploma	Specialty/ Subject	Name of Institution/University	Year of Passing	Marks Obtained	Total Marks	% percentage
1	Matriculation						
2	10+2						
3	MBBS / BDS						
4	PG Degree / Diploma						
5	Other Qualification						

5. PROFESSIONAL REGISTRATION DETAILS: -

Particulars	Details
Name of Registration Council	_____
Registration No.	_____
Date of Registration	___/___/___
Valid up to, if applicable	___/___/___

For Specialist Medical Officers: NMC/State Medical Council Registration details must be furnished.

For Dentist: State Dental Council registration details must be furnished.

6. EXPERIENCE DETAILS: -

Sl no	Name of Employer/Institution	Designation	Period from	Period To	Total Experience
1					
2					
3					
4					

Total Relevant Experience: _____ Years _____ Months _____ Days

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7. PREFERENCE FOR POLYCLINIC: -

The applicant may indicate his/her preferred place of engagement. Final place of posting/roster shall be decided by the competent authority.

Preference	Name of UPHC-Polyclinic
1st Preference	_____
2nd Preference	_____
3rd Preference	_____
4th Preference	_____
5th Preference	_____

Available UPHC-Polyclinics: Shivpuri Bhuli; Chandmari; Katras; Kolakushma; Rajbadi Road Jharia.

8. DOCUMENT CHECKLIST: -

The candidate shall bring the **original documents along with one set of self-attested photocopies** at the time of Walk-in Interview.

Sl. No.	Document	Attached	Verified at Interview
1	☐ Application Form duly filled and signed	☐	☐
2	☐ Recent Passport-size Photograph	☐	☐
3	☐ Date of Birth Certificate/Matriculation Certificate	☐	☐
4	☐ MBBS/BDS Degree Certificate	☐	☐
5	☐ Marksheets of MBBS/BDS	☐	☐
6	☐ PG Degree/Diploma Certificate, wherever applicable	☐	☐
7	☐ Professional Registration Certificate	☐	☐
8	☐ Experience Certificate, wherever applicable	☐	☐
9	☐ Caste/EWS Certificate, wherever applicable	☐	☐
10	☐ Aadhaar Card/Valid Photo Identity Proof	☐	☐
11	☐ Other relevant documents	☐	☐

9. DECLARATION BY THE APPLICANT: -

I, _____, hereby declare that all the information furnished by me in this application form is **true, complete and correct to the best of my knowledge and belief.**

I have carefully read and understood the Advertisement No. **247/UH/15th FC/2026** and agree to abide by all the terms and conditions prescribed therein. I understand that the engagement is purely **contractual and temporary** and shall not confer any right or claim for regular/permanent appointment.

I further declare that I possess the prescribed educational qualification, professional registration and other eligibility conditions required for the post applied for. I understand that if any information furnished by me is found to be false, incorrect or suppressed at any stage, my candidature/engagement may be **cancelled/terminated** and appropriate action may be taken as per applicable rules.

I also undertake to produce all original documents for verification at the time of the Walk-in Interview.



Place: _____

Date: ____ / ____ / 2026

Signature of Applicant: _____

Name of Applicant: _____

FOR OFFICE USE ONLY

Application/Registration No.: _____

Post Applied For: _____

Candidate Present: ☐ Yes ☐ No

Document Verification: -

Particular	Status
Age Eligibility	☐ Eligible ☐ Not Eligible
Educational Qualification	☐ Eligible ☐ Not Eligible
Professional Registration	☐ Valid ☐ Not Valid
Experience	☐ Verified ☐ Not Verified ☐ Not Applicable
Original Documents Verified	☐ Yes ☐ No
Application Accepted	☐ Yes ☐ No

Remarks, if any:

Name of Document Verifying Officer: _____

Signature of Verifying Officer: _____

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