



MISSION DIRECTOR, NATIONAL HEALTH MISSION, J&K

Jammu Office: Regional Institute of Health & Family Welfare, Nagrota, Jammu.

Fax: 0191-2674114; Telephone: 2674244. Pin: 181221

Kashmir Office: A Block, Ground Floor, Old Secretariat, Srinagar. Pin: 190001

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Centralised Health Help Line: 104

ADVERTISEMENT NOTICE

Applications are invited from eligible candidates for hiring the services of Psychiatrists under the District Mental Health Programme, National Health Mission, J&K on a contractual basis as per details given below:

Post	Qualification	Number of posts	Remuneration	Selection Criteria
Psychiatrist (Specialist) for DMHP	MBBS with MD/DNB in Psychiatry or equivalent degree from an institution recognised by the National Medical Commission (NMC) of India	Total: 15	Rs. 85,000/- per month	i. MBBS: 60 Points ii. PG Diploma: 10 Points (across the board) iii. PG Degree (20 Points across the board) iv. Viva-Voce: 20 Points Note: Item No. (i) on Pro-rata basis.
		(Kashmir Division (05)) Pulwama, Bandipora, Shopian, Anantnag & Baramulla (Jammu Division (10)) Jammu, Samba, Kathua, Reasi, Udhampur, Doda, Kishtwar, Ramban, Rajouri & Poonch		

Eligible candidates are advised to submit their completed application form along with all requisite documents to the office of the **Mission Director, NHM, J&K, Old Secretariat, Srinagar (Kashmir Division)**, or to the **Regional Institute of Health & Family Welfare, Nagrota, Jammu (Jammu Division)**.

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Terms & Conditions: -

1. Hiring will be purely on a contractual basis. The initial contract for hiring shall be up to 31st March of the financial year in which selection is made, and any subsequent yearly extension will be subject to the candidate's satisfactory performance and the Ministry of Health & Family Welfare, Govt. of India's approval of the post.
2. Preference will be given to the Candidates from the concerned District. The district-wise Merit List of Candidates shall be prepared, and the selection of the Candidates shall be made on District Merit. If a suitable candidate from the local district is not available, Divisional Merit shall be taken into consideration.
3. The candidate should be a domicile of the UT of Jammu & Kashmir.
4. The application form will be available on the official website at www.jknhm.jk.gov.in, which is the only and authentic source of information regarding the National Health Mission, J&K.
5. This office shall not be responsible for the inconvenience caused to anybody due to misleading/ false information made available by any other source/website(s) purportedly claiming to be associated with NHM, J&K, in any manner whatsoever.
6. The last date for submission of application forms is **26th February 2026**, and no applications will be accepted after that date (neither in person nor by post).
7. **List of documents to be enclosed with the application form:**
 - i. Date of Birth Certificate.
 - ii. Domicile Certificate.
 - iii. Marks sheet of all years/one consolidated marks sheet (MBBS) indicating marks of all the years.
 - iv. MBBS & PG Degree/ Diploma Certificate.
 - v. Registration Certificate issued by the National Medical Commission (NMC)/ J&K State Medical Council for MBBS as well as PG Degree/ Diploma.
8. Applications not falling in the prescribed criteria or without the aforesaid documents shall be rejected outright.
9. **The number of vacancies is only indicative and may increase or decrease.**
10. Candidates are advised to keep themselves updated through the website for further notifications. No individual communication to the candidates shall be made in this regard.

(Errors and Omissions accepted)

-Sd-
**Mission Director,
NHM, J&K**

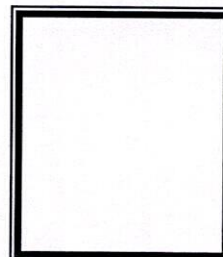
No: SHS/NHM/J&K/7125832/15154

Dated: 05 -02-2026

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**APPLICATION FORM FOR HIRING OF STAFF UNDER
NATIONAL HEALTH MISSION, J&K.**

1. Post applied for. _____
2. Name of Candidate _____
3. Parentage _____
4. Date of Birth _____
5. Permanent Address _____
6. E-mail/ Contact No. _____
7. **Details of Qualification: (viz MBBS I/ II/ III/ IV)**



Examination Passed	Board/University	Year of Passing	Marks Obtained	Total marks	%age
MBBS Ist Year					
MBBS 2nd Year					
MBBS 3 rd Year					
MBBS 4 th Year					
MBBS (Cumulative)					
Marks of PG Degree as applicable					

8. Date of completion of internship _____
9. MCI/ State Medical council Registration No. _____
10. **Experience if any:**
Duration _____ years _____ Months
11. No. of Enclosures _____
12. I do hereby declare that
 - I. The Statement in this application is true to the best of my knowledge and belief.
 - II. I have never been debarred from appearing at any examination/ interview.
 - III. I have never been prosecuted or involved in any criminal case registered by the police or convicted by the criminal court.
 - IV. I shall accept the selection made by the selection committee, which will be binding on me.

I undertake that any willful concealment of the facts shall result in the cancellation of my candidature and debarring me from applying in future.

Signature of applicant.