Annexure II- 1 Advertisement Format

# National Health Mission
## State Health Society Maharashtra (SHS), Mumbai
## SHS invites applications from eligible candidates for filling up the following posts
## (On contractual basis in Maharashtra State as indicated below.)
## Link for the filling online Application form for the state level posts- https://nhmrecruitment.maha-arogya.com

| Sr No | Name of Cadre | Place of Posting | Age (Upper Limit) | Total No of Posts | Category | Essential Qualification | Essential Experience | Remuneration (In Rs.) |
|---|---|---|---|---|---|---|---|---|
| 1 | State Program Manager | SHS Mumbai (1) | 18 to 38 years for Open category, 18 to 43 years for reserved categories | 1 | Open-1 | Any Medical Graduate (MBBS/BAMS/BHMS/BUMS/BDS) with MPH/MHA /MBA in Health | 5 yrs relevant experience | 65000 (Additional Rs. 5000 for MBBS) |
| | | | | | | | | |
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Annexure II- 2 Application Format

# National Health Mission, Maharashtra

## राष्ट्रीय आरोग्य अभियान, महाराष्ट्र

**Recruitment Process for Various Posts for Advertisement No. :NHM/08/2023**

**जाहिरात क्रमांक : NHM/08/2023 साठी विविध पदांसाठी भरती प्रक्रिया**

| **अर्ज क्र (Application No)** |
|---|
| **NHM/08/2023/** |

| | |
|---|---|
| इंग्रजीत नाव (FullName in English) | |
| मराठीत नाव (FullName in Marathi) | |
| जर नाव बदलले असेल तर इंग्रजीत बदलले पूर्णनाव (If Name Changed, Changed FullName in English) | |
| वडिलांचे/पालकांचे नाव (Father's/Guardian's FullName) | |
| आईचे नाव (Mother's FullName) | |
| लिंग (Gender) | |
| वैवाहिक स्थिती (Marital Status) | |
| MCSR (लहान कुटुंबाची घोषणा) नियम, 2005 नुसार तुम्ही पात्र आहात का? (Are you Eligible according to MCSR (Declaration of Small Family) Rules, 2005 ?) | |
| प्रवर्ग (Category) | |
| जात (Caste) | |
| पोटजात (Sub-Caste) | |
| तुम्हाला कोणत्या प्रवर्गातून अर्ज करायचा आहे ? (From which Category you want to apply ?) | |
| ई-मेल आयडी (Email ID) | |
| मोबाईल क्र (Mobile No) | |
| जन्मतारीख (Date of Birth) | |
| आधार क्र (Aadhaar No) | |

| | |
|---|---|
| पत् र व् यवहाराचा पत् ता (Correspondence Address) | |
| कायमचा पत्ता (Permanent Address) | |
| तुमच्याकडे महाराष्ट्राचे वैध अधिवास प्रमाणपत्र आहे का? (Whether You have valid Domicile Certificate of Maharashtra?) | |
| राष्ट्रीयत्व (Nationality) | |
| तुम् ही राष् ट् रीय आरोग् य अभियानाचे कर् मचारी आहे का? (Are you employee of National Health Mission ?) | |
| MS-CIT किंवा समतुल्य प्रशिक्षण यशस्वीरित्या पूर्ण केले आहे का? (Has Successfully Completed MS-CIT or Equivalent Training?) | |
| मराठीचे पुरेसे ज्ञान आहे का? (Whether Possesss Adequate Knowledge of Marathi?) | |
| जाहिरातीत नमूद केलेले पदावर दिलेल्या ठिकाणांपैकी तुमचे पसंतीचे ठिकाण (Your preferred location from among the locations mentioned in the advertisement | |

**शैक्षणिक/तांत्रिक/व्यावसायिक अभ्यासक्रम माहिती तपशील (Details of Educational/Technical/Professional Course Information) :**

| परीक्षा स्तर (Examination Level) | परीक्षा (Examination) | उत्तीर्ण वर्ष (Passing Year) | एकूण गुण मिळाले (Total Marks Obtained) | टक्केवारी (Percentage) | ग्रेड (असल्यास) (Grade [If Any]) |
|---|---|---|---|---|---|
| बोर्ड/युनिवर्सिटी (Board/University) | विशेष विषय (असल्यास) (Specialisation [if Any]) | | एकूण गुण (Total Out Of Marks) | ग्रेड अथवा श्रेणी नमूद आहे का? (mention Grade or Category instead of Marks) | समतुल्य रूपांतरित टक्केवारी (equivalent converted Percentage) |
| | | | | | |
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**अनुभवाचा तपशील (Details of Experience Information) :**

| संस्थेचा प्रकार (Type of Organisation) | संस्थेचे नाव आणि पत्ता (Organisation Name and Address) | तारखेपासून (From Date) | एकूण अनुभव(Total Experience) | नियुक्तीचे स्वरूप (Nature of the Appointment) |
|---|---|---|---|---|
| पद (Post Held) | | तारखेपर्यंत (To Date) | | वेतन तपशील (Salary Detail) |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

**आपण अर्ज केलेली पदे (The Posts you have applied for) :**

| अर्ज केलेली पदे (Post Applied) |
|---|
| |

**अर्ज फी म्हणून तुमच्याकडून ऑनलाइन रक्कम प्राप्त झाली (Online Amount Received from you as Application Fees) :**

| व्यवहाराची तारीख (Transaction Date) | व्यवहार आयडी (Transaction ID) | रक्कम (Amount) |
|---|---|---|
| | | |
| | एकूण रक्कम (Total Amount) | |

**आपण आपलोड केलेल्या कागदपत्रांची यादी (List of documents you have uploaded) :**

| अनु. क्र (Sr. No) | अपलोड केलेल्या कागदपत्रांचा तपशील (Details of documents uploaded) |
|---|---|
| 1 | रुंदी 100 पिक्सेल आणि उंची 140 पिक्सेल असलेला अर्जदाराचा फोटो (Applicant Photo having Width 100 Pixel and Height 140 Pixel) |
| 2 | रुंदी 100 पिक्सेल आणि उंची 50 पिक्सेल असलेली अर्जदाराची स्वाक्षरी (Applicant Signature having Width 100 Pixel and Height 50 Pixel) |
| 3 | आधार कार्ड / ड्रायव्हिंग लायसन्स / पॅन कार्ड / पासपोर्ट सारखा फोटो आयडी (Photo ID Like Aadhar Card / Driving License / PAN Card / Passport) |
| 4 | वयाचा पुरावा - शाळा सोडल्याचा दाखला (Proof of Age - School Leaving Certificate) |
| 5 | जातीचा दाखला (Caste Certificate) |
| 6 | जात वैधता प्रमाणपत्र (Caste Validity Certificate) |
| 7 | अद्यावत नॉन क्रीमी लेयर प्रमाणपत्र (Updated Non Cremy Layer Certificate) |
| 8 | अधिवास प्रमाणपत्र (Domicile Certificate) |
| 9 | एमएस-सीआयटी किंवा समकक्ष कोर्स प्रमाणपत्र (MS-CIT or Equivalent Course Certificate) |
| 10 | लहान कुटुंब घोषणापत्र (Small Family Declaration) |
| 11 | अर्जातील नावाचा पुरावा एस. एस. सी. अथवा तत्सम शैक्षणिक अहर्ता (Proof of name in application form (S.S.C. or equivalent Educational Qualification) |
| 12 | राष्ट्रीय आरोग्य मिशन आस्थापनेवरील कर्मचारी असल्याचा पुरावा (Proof of being an Employee of the National Health Mission establishment ) |
| 13 | शैक्षणिक पात्रता टॅबमध्ये नमूद केलेली सर्व बोर्ड/पदवी प्रमाणपत्रे एकाच पीडीएफ फाइलमध्ये अपलोड करा (Upload All Board/Degree Certificates which are mentioned in Educational Qualification Tab in Single PDF File) |
| 14 | अनुभव टॅबमध्ये नमूद केलेली सर्व अनुभव प्रमाणपत्रे एकाच पीडीएफ फाइलमध्ये अपलोड करा (Upload All Experience Certificates which are mentioned in Experience Tab in Single PDF File) |

## DECLARATION

मी, याद्वारे, भरलेली संपूर्ण माहिती माझ्या माहितीप्रमाणे सत्य आणि बरोबर आहे. मी कोणतीही भौतिक माहिती लपवलेली नाही, येथे सादर केलेली कोणतीही माहिती फसवी, चुकीची किंवा असत्य आढळल्यास, होण्यास जबाबदार असून पदावरील निवड देखील रद्द होण्यास जबाबदार आहे. आणि मी त्यांचे पालन करण्यास सहमत आहे. मी याद्वारे या नियमांची संपूर्ण कायदेशीरता, वैधता आणि शुद्धता स्वीकारतो.

मला समजते की हा अर्ज सबमिट करून मी या सर्वांची शुद्धता, वैधता आणि/किंवा न्याय्यता स्वीकारली आहे. आवश्यक कागदपत्रे अपलोड करण्याचे वचन घेतो, त्यात अयशस्वी झाल्यास माझा निवडीचा दावा मंजूर केला जाणार नाही. मी दस्तऐवज पडताळणीच्या वेळी तसेच निवड प्रक्रियेच्या वेळी नियमांनुसार सर्व आवश्यक मूळ प्रमाणपत्रे सादर करण्याचे वचन घेतो, असे न झाल्यास माझा निवडीचा दावा मंजूर केला जाणार नाही असे मला समजते.

I,hereby,solemnly and sincerely affirm that each and every statement made and the entire information filled in the above online application form is true and correct to the best of my knowledge. I have not concealed any material information, however if any information submitted herein is found fraudulent, incorrect or untrue, I understand that I am liable to criminal prosecution and my selection to the Post is also liable to be cancelled. I have carefully read the rules & regulations of Recruitment and I agree to abide by them. I hereby accept in entirely the legality, validity and correctness of these rules. I understand by submitting this application I have accepted the correctness, validity and/or justifiability of all these and that. I undertake to upload all the required Documents, failing which I understand that my claim for selection shall not be granted. I undertake to submit all the required original certificates at the time of Document Verification as well as at the time of selection process as per the rules, failing which I understand that my claim for selection shall not be granted.

**Online Application Submit Date :**

**Signature of Applicant**

Annexure II- 3 Appointment Letter format

दिनांक -

प्रति,

विषय : राष्ट्रीय आरोग्य अभियान अंतर्गत Public Health Consultant पदावर कंत्राटी स्वरुपात नियुक्ती देणेबाबत.

संदर्भ :

राष्ट्रीय आरोग्य अभियान अंतर्गत _____ पदावर कंत्राटी स्वरुपात नियुक्ती करण्याकरीता आपली निवड गुणवत्तेनुसार सदर पदाकरीता करण्यात आली आहे. त्यानुसार आपली नियुक्ती _____ प्रवर्गातुन करण्यात आली आहे आपणास ._____येथे _____ या पदावर रुजू होण्याच्या दिनांकापासुन केवळ ११ महिने २९ दिवसांकरीता एकत्रित प्रतिमाह रू. _____ (रुपये) मानधनावरखालील अटी व शर्तींच्या अधीन राहून सदरची नियुक्ती देण्यात येत आहेसदर अटी व शर्ती . मान्य असल्यास विहित नमुन्यातील करारपत्र रु).१०० भरून सदर (किमतीच्या स्टॅम्पपेपरवर -/नियुक्ती आदेश प्राप्त होण्याच्या दिनांकापासून सात दिवसांच्या आत निवड करण्यात आलेल्या पदावर रुजू व्हावे व करारपत्र आणि रुजू अहवाल सदर कार्यालयास सादर करावासात दिवसांत रुजू न झाल्यास . आपणांस सदर नियुक्तीत स्वारस्य नाही असे समजून आपले नियुक्ती आदेश आपोआप रद्द ठरतील .

**अटी व शर्ती-**

१ . सदर नियुक्ती ही अभियानाच्या मंजूर प्रकल्प अंमलबजावणी आराखडा )पीनुसार करण्यात (पी.आय. येत आहेमध्ये मंजूरी प्राप्त न झाल्यास आपली नियुक .पी.आय.सदर पदास पी .ती तात्काळ समाप्त करण्यात येईल .

२ . अभियान किंवा ज्या प्रकल्पामध्ये आपली नियुक्ती करण्यात येत आहे तो प्रकल्प काही कारणांस्तव बंद झाल्यास आपली नियुक्तीही आपोआप समाप्त होईल .

३ . आपली नियुक्ती कंत्राटी स्वरुपाची असून प्रथम नियुक्ती या कार्यालयाच्या संदर्भ क्र२ अन्वये . दिनांक29 जुन, २०२४ या कालावधी पर्यंत राहील .पुनर्नियुक्तीचे सर्व अधिकार राज्य आरोग्य सोसायटी, मुंबई राखून ठेवत आहे .

४. कंत्राटी नियुक्तीच्या कालावधीत आपले कामकाज समाधानकारक न आढळल्यास किंवा आपले विरुद्ध कोणत्याही प्रकारची पोलीस कार्यवाही झाल्यास किंवा आपलेविरुद्ध कोणत्याही प्रकारचा गुन्हा नोंदविण्यात आल्यास आपली नियुक्ती संपुष्टात आणण्यात येईल.

५ . आपणांस सदर नोकरीचा राजीनामा द्यावयाचा असल्यास किमान एक महिन्याची पुर्वसुचना अथवा एक महिन्याचे वेतन भरणे बंधनकारक राहील .

६सदर नियुक्ती ही कंत्राटी स्वरुपाची असल्याने आपणांस या नियुक्तीच्या अटी व शर्ती किंवा इतर .
.कोणत्याही कारणाकरीता न्यायालयात जाता येणार नाही

७यांस देय असलेले लाभ व -सदर नियुक्ती ही कंत्राटी स्वरुपाची असल्याने आपणांस शासकीय कर्मचा .
.फायदे देय राहणार नाहीत

८ . आपणांस राष्ट्रीय आरोग्य अभियानातील कंत्राटी कर्मचा .यांना लागू नियमांप्रमाणे रजा अनुज्ञेय राहतील-

9. राष्ट्रीय आरोग्य अभियानंतर्गत निर्गमित करण्यात आलेल्या व वेळोवेळी निर्गमित करण्यात येणाया - सर्व सूचनांचे पालनकरणे बंधनकारक राहील .

.10आपली सदर नियुक्ती ही जाहिरातीत नमूद शैक्षणिक अर्हता,जात प्रवर्ग, अनुभव इत्यादी कागदपत्रांच्या मूळ प्रतींच्या तपासणीच्या अधीन राहून करण्यात येत आहे .

११ .उपरोक्त अटी व शर्ती मान्य असल्याबाबत विहित नमुन्यातील करारपत्र भरून देणे आवश्यक आहे .

**सहसंचालक (अतांत्रिक)**
**राष्ट्रीय आरोग्य**
**अभियान, मुंबई.**

Annexure II- 4 Joining Kit

# JOINING KIT

## A. Letter of Joining

Date: _____

To

_____

_____

_____

**Subject: Joining Report for the post of _____**

Reference:

Respected Sir/Madam,

With reference to your appointment letter _____, dated _____, Iam please to inform you that I am joining as a _____ at _____ from _____and also agreed to the terms and conditions as mentioned in the contract.

Hence, I request you to accept my joining letter

(Name of Employee with signature)

## B. Employee Personal Information Form

**Name: _____**

**Gender: _____**

**Date of Birth: _____**

**Marital Status: _____**

**Blood Group: _____**

**Caste: _____**

**Sub- caste: _____**

**Qualification: _____**

**Previous Experience:**

**_____**
**_____**
**_____**

**Date of Joining in current organization: _____**

**Nationality: _____**

**State: _____**

**Current Address:**
_____
_____
_____

**Permanent Address:**
_____
_____
_____

**Email Id:_____**

**Mobile Number:_____**

**Alternate Contact Number: _____**

**UAN Number (for EPF only, if available): _____**

I hereby declare that all the information given above is true and correct to the best of my knowledge.

Name:

Signature:

Date:

## C. Salary Account Detail Form

**Name (Name in Bank A/c):**
**_____**

**Post: _____**

**Birth Date: _____**

**Blood Group: _____**

**Residential Address:**
**_____**
**_____**
**_____**

**Joining Date: _____**

**PAN Card No;_____**

**Adhar Card No: _____**

**Mobile No: _____**

**Bank Details:**

**A/C No: _____**

**Bank Name:_____**

**Bank Address:_____**

**Bank Branch:_____**

**Bank MICR No:_____**

**Bank IFSC Code:_____**

I hereby declare that all the information given above is true and correct to the best of my knowledge.

Name:

Signature:

Date:

## D. Information for ID Card

**Name: _____**

**Designation: _____**

**Date of Birth: _____**

**Blood Group: _____**

**Residential Address: _____**

**_____**

**_____**

**_____**

**Mobile No: _____**

**E-mail ID: _____**

**NHM ID Number: _____**

I hereby declare that all the information given above is true and correct to the best of my knowledge.

Name:

Signature:

Date:

Annexure II- 5 ID Card Format

Front


# GOVERNMENT OF MAHARASHTRA

## Public Health Department

## Mantralaya Mumbai 400032

| |
|---|
| Photo |

**Name :-**

**Designation :-**

**Date of Birth :-**

**Office:-**

**Office Address:-**

**Employee Signature** **Head of Department**

Back

**Blood Group:-**

**Residential Address** :-

**Contact No :-**

---

**Instruction :-**

- This card is issued for the identification of an employee.
- Misuse of this card is punishable offence.
- In Case of loss of this card please inform to concerned office.

Annexure II- 6- A Contract Bond Format

# EMPLOYMENT CONTRACT
## UNDER NHM SCHEME

Initially for the period of 11 months 29 days only

Contract between the Commissioner, Health Services and Mission Director (NHM) Maharashtra and **Mr. ……**who is assigned **as ……**on purely contract basis.

This AGREEMENT is entered between the Commissioner, Health Services and Mission Director National Health Mission, Maharashtra, Mumbai. ….Hereinafter referred to as 'Society'

OF THE FIRST PART

**And**

**……** (here in after referred to as "the temporary contractual employee).

OF THE SECOND PART

WHEREAS agrees to execute the tasks assigned to him / her by the Commissioner Health Services and Mission Director (NHM) Maharashtra, Mumbai as per the following terms and conditions ;

1. **Term of Employment:**
   The Employment of the contractual employee shall initially for the period of Eleven months Twenty nine days i.e. 11 moths 29 days only. His / her term commencing on _____ and ending on _____

**1) Conditions of Employment**

(1) The temporary contractual employee may mind it well that this project is funded by the government of India for a specific period. His / her assignment will automatically come to an end on the expiry of the specific period or end of the scheme / activity in which he / she is employed and no notice , notice pay, retrenchment compensation will be payable to him / her by the society.

(2) Since his / her appointment is being made for a specified period he / she will neither have any right nor a lien on the post held by him / her. Also he / she will not claim regular employment, absorption, regularization,

age relaxation, earned leave, annual increment to condone technical breaks even if there is such a vacancy for the post held by him / her. Otherwise if he / she wants to leave the service, he / she can do this by serving one month notice or salary of one month if one month notice is not served. No compensation or remuneration of unexpired period of contract will be payable by the society if his/her services are terminated or he / she resign from the services of the society before the specified period of contract.

(3) The temporary contractual employee will not be considered as the employee of the Government of Maharashtra.

(4) His / her assignment is made on the basis of his / her particulars such as qualification etc. as given in his / her application and in case any information is given by him / her is found false or incorrect his / her appointment will be deemed void and liable to termination without any notice / salary.

(5) He / she will be bound by the rules regulations and office orders in force and framed by the society from time to time and the same will from part of his / her terms and conditions of employment with the society as and when made effective.

(6) His / her continuance in service with the society is subject to his / her remaining physically and mentally fit.

(7) His / her working hours will be generally from 9.45 am to 6.15 pm on all working days of every month. This timing can however, be changed as per the requirement of the society.

(8) He / she will be allowed to enjoy Public Holidays declared from time to time by the Government in addition to weekly holidays. He/she will be entitled to get 8 (Eight) days casual leave and 7 (Seven) days medical leave in 11 months 29 days of contract. Any other kind of leave is not admissible to him / her during his / her tenure of contract. The leave as provided above will be available proportionately according to his / her appointment.

(9) He / she will discharge his / her duties efficiently to the satisfaction of the Commissioner Health Services and Mission Director (NHM) Maharashtra, Mumbai.

(10) He / she will not initiate any legal proceeding against the Society.

(11) He / she will not be allowed to contest any type of election during contract period.

(12) His / her legal heirs will not entitle to make claim on compassionate ground.

(13) He / she shall not be entitled any allowances or benefits not mentioned in the contract /State Health Society Guidelines.

(14) He / she shall not be entitled to any preferential claim for regular appointment under normal process of selection.

(15) His / her appointment is purely on contract basis and on a consolidated remuneration.

(16) The employee will stay at assigned headquarter & not allowed to change the head-quarter without permission of Chief Executive Officer / Commissioner Health Services and Mission Director (NHM) Maharashtra, Mumbai.

(17) Doctor appointed full time on contract basis for 11 Months 29 days under National Health Mission will not be allowed to do or engage in any other work including private practice

**2. Remuneration :**

The remuneration of **Mr. ……**as assigned **as ……..** will be paid of Rs. _____ per month all inclusive and no other allowances such as Dearness Allowances will be admissible.

**3. Notices :**

Any notice required by this agreement or give in connection with it, shall be in writing and shall be given to the appropriate party by personal delivery or by certified mail, postage prepaid or recognized overnight delivery services.

**4. Final Agreement :**

This Agreement terminates and supersedes all prior understanding or agreements on the subject matter hereof. This Agreement may be modified only be a further writing that is duly executed by both parties.

**5. Headings :**

Headings used in this agreement are provided for convenience only and shall not be used to construe meaning or intent.

**6. Modification :**

Any modification of this agreement or additional obligation assumed by either party in connection with this agreement shall be binding only if evidenced in writing signed by each party or an authorized representative of each party.

**7. Confidentiality :**

The Contractual Employee acknowledges that, in the course of performing and fulfilling his / her duties hereunder, he / she may have access to and be entrusted with confidential information concerning the present and contemplated financial status and

activities of the Society, the disclosure of any of which confidential information to competitors of the Society would be highly detrimental to the interests of the Society. The Contractual Employee further acknowledges and agrees that the right to maintain the confidentiality of such information constitutes a proprietary right which the Society is entitled to protect. Accordingly, the Contractual Employee covenants and agrees with the Society that he will not, during the continuance of this Agreement, disclose any of such confidential information to any person, firm, corporation, offices nor shall he / she use same.

**8. Termination :**

This Employment contract may be terminated by:

A) Mutual agreement of the parties.

B) Disability of the Contractual Employee. If the contractual employee is permanently disabled or is otherwise unable to perform his / her duties because of sickness, accident, injury, or mental incapacity, the Society shall have the option to terminate this agreement with no obligation to pay remuneration.

C) Discharge for cause. In the event of Contractual Employee commits a material breach of the obligations conditions (1 to 16) and duties of Contractual Employee under this Agreement or commits any acts designated as conduct violation or for just cause shall be considered cause for immediate dismissal. Society may terminate this agreement, during its term, only for 'cause' which for purposes herein, shall mean Contractual Employee (i) material and continuing failure to perform his / her essential duties hereunder, including but not limited to failure to work full time on the administration of Society for reasons other than disability; or (ii) dishonesty; or (iii) gross misconduct or gross dereliction of duty; or (iv) fraud, misrepresentation or other acts of moral turpitude or criminal conduct; or (v) a material breach of any term of this Agreement; or (vi) **Any irregularity in the attendance, remains absent for a period of 3 months or more without sanctioned leave or absence beyond the sanctioned leave, then his/her services will stand terminated automatically.**

If the above terms and conditions are acceptable to you, please sign the accompanied office copy in token and acceptance and return the same for office record.

**Place :**

**Date :**

**Commissioner Health Services and Mission Director,**
**National Health Mission, Mumbai**

I accept, the offer and terms and conditions mentioned in the letter.

Signature:

_____

Name **:–**
Address:-

**Signature, Name & address of two witnesses:**

| Name | Signature | Address |
|---|---|---|
| | | |
| | | |

Annexure II- 6- B Contract Bond Format For Accounts related posts

# EMPLOYMENT CONTRACT
# UNDER NATIONAL HEALTH MISSION SCHEME

Initially for the period of 11 months 29 days only

Contract between the Commissioner, Health services and Mission Director(NHM) Maharashtra and Who is assigned on purely contract basis.

This AGREEMENT is entered between the Commissioner, Health services and Mission Director National Health Mission, Maharashtra, Mumbai. ….Hereinafter referred to as 'Society'

OF THE FIRST PART

**And**

(hereinafter referred to as "the temporary contractual employee).

OF THE SECOND PART

WHEREAS agrees to execute the tasks assigned to him / her by the Commissioner, Health services and Mission Director National Health Mission, Maharashtra, Mumbai as per the following terms and conditions ;

**1. Term of Employment:**

The Employment of the contractual employee shall initially for the period of Eleven months and Twenty Nine Days i.e. 11 months 29 days only. His / her term commencing on _____ and ending on _____

**1) Conditions of Employment**

(1) The temporary contractual employee may mind it well that this project is funded by the government of India for a specific period. His / her assignment will automatically come to an end on the expiry of the specific period or end of the scheme / activity in which he / she is employed and no notice, notice pay, retrenchment compensation will be payable to him / her by the society.

(2) Since his / her appointment is being made for a specified period he / she will have neither any right nor a lien on the post held by him / her. Also he / she will not claim regular employment, absorption, regularization, age relaxation, earned leave, annual increment to condone technical breaks even if there is such a vacancy for the post held by him / her. Otherwise if he / she want to leave the service, he / she can do this by serving one month notice or salary of one month

if one month notice is not served. No compensation or remuneration of unexpired period of contract will be payable by the society if his/her services are terminated or he / she resign from the services of the society before the specified period of contract.

(3) The temporary contractual employee will not be considered as the employee of the Government of Maharashtra.

(4) His / her assignment is made on the basis of his / her particulars such as qualification etc. as given in his / her application and in case any information is given by him / her is found false or incorrect his / her appointment will be deemed void and liable to termination without any notice / salary.

(5) He / she will be bound by the rules regulations and office orders in force and framed by the society from time to time and the same will from part of his / her terms and conditions of employment with the society as and when made effective.

(6) His / her continuance in service with the society is subject to his / her remaining physically and mentally fit.

(7) His / her working hours will be generally from 9.45 am to 6.15 pm on all working days of every month. This timing can however, be changed as per the requirement of the society.

(8) He / she will be allowed to enjoy Public Holidays declared from time to time by the Government in addition to weekly holidays. He / she will be entitled to get (8) (eight) days casual leave and 7 (days) medical leave in 11 months 29 days of contract. Any other kind of leave is not admissible to him / her during his / her tenure of contract. The leave as provided above will be available proportionately according to his / her appointment.

(9) He/she will discharge his / her duties efficiently to the satisfaction of the Commissioner, Health services and Mission Director (NHM) Maharashtra, Mumbai.

(10) He / she will not initiate any legal proceeding against the Society.

(11) He/she will not be allowed to contest any type of election during contract period.

(12) His / her legal heirs will not entitle to make claim on compassionate ground.

(13) He / she shall not be entitled any allowances or benefits not mentioned in the contract /State Health Society Guidelines.

(14) He / she shall not be entitled to any preferential claim for regular appointment under normal process of selection.

(15) His/her appointment is purely on contract basis and on a consolidated remuneration.

(16) The employee will stay at assigned headquarter & not allowed to change the headquarter without permission of Chief Executive Officer /Commissioner, Health services and Mission Director (NHM) Maharashtra, Mumbai.

(17) The District Account Manager/City Account Manager/BFO at Civil or any accounts officials are not entitle to resign the job in the last quarter (Jan to Mar) and first four month (April to July) of the F.Y. or up to finalization of books of account. One month notice for resignation will not be treated as acceptance of resignation. The District Account Manager/City Account Manager/BFO at Civil or any accounts officials will be responsible for finalization of books of account during F.Y. he/she employed. The District Account Manager/City Account Manager/BFO at Civil or any accounts officials will not be allowed to leave the job until the books of account complete as well as final audit report of F.Y. with duly authorized signed copies present to SHSM.

(18) Even after the resignation The District Account Manager/City Account Manager/BFO at Civil or any accounts officials will be responsible to reply those audit queries which are pertaining to his/her employed F.Y. period.

2. **Remuneration :**

The remuneration of as will be paid of Rs._____per month all inclusive and no other allowances such as Dearness Allowances will be admissible.

**3. Notices:**

Any notice required by this agreement or give in connection with it, shall be in writing and shall be given to the appropriate party by personal delivery or by certified mail, postage prepaid or recognized overnight delivery services.

**4. Final Agreement:**

This Agreement terminates and supersedes all prior understanding or agreements on the subject matter hereof. This Agreement may be modified only be a further writing that is duly executed by both parties.

**5. Headings:**

Headings used in this agreement are provided for convenience only and shall not be used to construe meaning or intent.

**6. Modification:**

Any modification of this agreement or additional obligation assumed by either party in connection with this agreement shall be binding only if evidenced in writing signed by each party or an authorized representative of each party.

**7. Confidentiality:**

The Contractual Employee acknowledges that, in the course of performing and fulfilling his / her duties hereunder, he / she may have access to and be entrusted with confidential information concerning the present and contemplated financial status and activities of the Society, the disclosure of any of which confidential information to competitors of the Society would be highly detrimental to the interests of the Society. The Contractual Employee further acknowledges and agrees that the right to maintain the confidentiality of such information constitutes a proprietary right which the Society is entitled to protect. Accordingly, the Contractual Employee covenants and agrees with the Society that he will not, during the continuance of this Agreement, disclose any of such confidential information to any person, firm, corporation, offices nor shall he / she use same.

**8. Termination:**

This Employment contract may be terminated by:

A) Mutual agreement of the parties.
B) Disability of the Contractual Employee. If the contractual employee is permanently disabled or is otherwise unable to perform his / her duties because of sickness, accident, injury, or mental incapacity, the Society shall have the option to terminate this agreement with no obligation to pay remuneration.
C) Discharge for cause. In the event of Contractual Employee commits a material breach of the obligations conditions (1 to 16) and duties of Contractual Employee under this Agreement or commits any acts designated as conduct violation or for just cause shall be considered cause for immediate dismissal. Society may terminate this agreement, during its term, only for 'cause' which for purposes herein, shall mean Contractual Employee (i) material and continuing failure to perform his / her essential duties hereunder, including but not limited to failure to work full time on the administration of Society for reasons other than disability; or (ii) dishonesty; or (iii) gross misconduct or gross dereliction of duty; or (iv) fraud, misrepresentation or other acts of moral turpitude or criminal conduct; or (v) a material breach of any term of this Agreement. Or (vi) **Any irregularity in the attendance, remains absent for a period of 3 months or more without sanctioned leave or absence beyond the sanctioned leave, then his/her services will stand terminated automatically.**
If the above terms and conditions are acceptable to you, please sign the accompanied office copy in token and acceptance and return the same for office record.
**Place:** Mumbai
**Date:**

**Commissioner Health Services& Director**
**National Health Mission, Mumbai**

I accept, the offer and terms and conditions mentioned in the letter.

Signature _____
Name:
Mobile No.

Signature, Name & address of two witnesses:

| **Name** | **Post** | **Signature** | **Address** |
|---|---|---|---|
| 1. | | | |
| 2. | | | |

Annexure II- 7. Leave Application Format

**LEAVE APPLICATION FORM**

Date: _____/_____/_____

| | | | |
|---|---|---|---|
| Name of Employee | | | |
| Designation | | Program | |

Reason for request leave *(Please tick appropriate box)*

☐ Casual Leave ☐ Medical Leave ☐ Without Pay Leave ☐ Compensatory Leave

If Compensatory leave then, mention date for which employee has worked _____

Dates Requested: From-_____ To _____

No. of days for which leave requested- _____

Balance Leave: _____

**Employee Signature** **Office Superintendent /Admin/Account Officer**

Approval Status: ☐ Approved ☐ Rejected

Remark if any:

**Signature of HOD**

Annexure II- 8. Maternity Bond draft

# शपथपत्र

मी श्रीमती ..... वय ..... राहाणार .....

आज दिनांक ..... रोजी शपथेवर जाहिर करते की, मी राष्ट्रिय आरोग्य अभियान

अंतर्गत ..... या पदावर कार्यरत असून माझी सदर अभियानातंर्गत एकूण सेवा ..... वर्षे ..... महिने झालेली आहे.

१) वैद्यकीय प्रमाणपत्रानुसार माझ्या प्रसूतीचा अपेक्षित दिनांक .....असून मी पासून प्रसूती रजेवर जाण्यास इच्छूक आहे.

२) राष्ट्रिय आरोग्य अभियान अंतर्गत कंत्राटी स्त्री कर्मचाऱ्यांना दोन बाळंतपणापर्यंत (दोन मुले जीवंत) १८० दिवस पुर्ण पगारी रजा अनुज्ञेय आहेत. आज रोजी माझी ..... मुले हयात आहेत.

३) मी सहसंचालक, (अतांत्रिक) राष्ट्रिय आरोग्य अभियान, मुंबई यांनी निर्गमित केलेल्या दिनांक २३/०४/२०१८ रोजीच्या परिपत्रकातील अटी व शर्तीचे अवलोकन केले असून मला सर्व अटी व शर्ती मान्य आहेत. सदरच्या अटी व शर्तीस अधीन राहून सदरचे शपथपत्र मी सादर करीत आहे.

४) मी सदर शपथपत्राव्दारे हमी देते की, प्रसूती रजा उपभागून झाल्यानंतर मी पुन्हा राष्ट्रिय आरोग्य अभियानातील माझ्या पुर्वपदी सेवेत रुजू होईल.

५) मी प्रसूती रजा उपभागून आल्यावर राष्ट्रिय आरोग्य अभियानाची किमान दोन वर्षे सेवा करेन. (सेवाखंडाचा कालावधी वगळून उर्वरित प्रत्यक्ष सेवेचा कालावधी केवळ ग्राहय धरावा.)

६) प्रसूती रजेदरम्यान प्रसूती रजा उपभोगून रुजू झाल्यावर पुढिल दोन वर्षाची सेवा पुर्ण करण्यापुर्वी मी धारण करीत असलेल्या पदाचा राजिनामा दयावयाचा झाल्यास प्रसूती रजेदरम्यान मला प्रदान करण्यात आलेल्या मानधनाची एकूण रक्कम मी एकरमी अभियानास परत करेन. सदर रक्कम परत करण्यास मी असमर्थ ठरल्यास सदर रक्कम माझ्या चल-अचल संपत्तीमधून किंवा माझ्या नातेवाईकांकडून वसूल केली जाईल याची मला जाणीव आहे. तसेच याकरीता माझ्याविरुध्द फौजदारी गुन्हा दाखल केला जाऊ शकतो याची मला जाणीव आहे. याकरीता माझी कोणतीही हरकत असणार नाही.

७) वरिल सर्व अटी व शर्ती मी वाचलेल्या असून मला मान्य आहेत. तसेच वरील नमूद माहिती सत्य असून त्यामध्ये असत्यता किंवा तफावत आढळल्यास खोटी अथवा बनावट माहिती सादर केल्याप्रकरणी मी भा.द.वी. संहीता तसेच राष्ट्रिय आरोग्य अभियानाच्या योग्य त्या कार्यवाहीस पात्र राहीन.

तरी माझी प्रसूती रजा मंजूर करण्यात यावी ही विनंती.

दिनांक .....

ठिकाण .....

शपथ लिहून देणाऱ्याची सही

नाव .....

पदनाम .....

कार्यालयाचे नाव .....

Annexure II- 9. Performance Appraisal Format

# Sample Performance Appraisal Form

## Staff Member's Particulars

Name :

Designation :

Date of Joining the Organization :

Date of joining the Current Designation :

Validity of Current Contract :

## PART – A

## SELF EVALUATION

- Please list your key deliverables for the year as specified in the annual work plan initiatives.Against each deliverable, mention your actual achievements (and constraints, if any).
- Also, mention other deliverables that were assigned / taken up during the course of theyear.

| S. No. | Key Deliverables | Achievements |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

Additional Responsibilities & Other Areas of Contribution (Area which are not covered above)

Please mention constraints in your work during the review period

## PART – B

**(TO BE FILLED IN BY APPRAISER)**

| |
|---|
| **I. PERFORMANCE SUMMARY AND TREND**<br>(Summarize your view of appraisee's accomplishments and comment on performance trend during the past year) |
| **II. STRENGTHS**<br>(Describe appraisee's strengths and how they have contributed to the current assignments) |
| **III. ACTION FOR PERFORMANCE ENHANCEMENT**<br>(Identity specific areas needing improvement and development actions you feel would enhance the appraisee's current or further performance) |

## PART – C

**(TO BE FILLED IN BY APPRAISER)**

- Please read the Guidelines for Performance Rating
- Please tick on the rating (whichever and corresponding to the score applicable)

| S. No. | | Part- A (by Reporting Officer) | Part - B (by Reviewer) |
|---|---|---|---|
| | | **(Each Attribute is to be marked; Max. Marks – 10 for each Attribute)** | |
| 1. | Quality of Deliverables | | |
| 2. | Application of Professional Knowledge | | |

| | | | |
|---|---|---|---|
| 3. | Timeliness of Deliverables | | |
| 4. | Initiative | | |
| 5. | Willingness to shoulder extra responsibility | | |
| 6. | Attitude | | |
| 7. | Interpersonal Relations &Team work, Co-operation with Supervisors & Colleagues, Peer support. | | |
| 8. | Communication Skills (Written & spoken) | | |
| 9. | Punctuality & Contribution to other tasks (beyond Division's work). | | |
| 10. | Efforts undertaken to improve knowledge(papers, presentations, conferences etc.) | | |
| | **Aggregate Marks (Max. 100)** | | |
| | **Average of Marks** | | |

| **Grade** | **Overall Marks** | **(Please Tick)** |
|---|---|---|
| A | More then 79 | |
| B | More than 64 | |
| C | 50 to 64 | Repeat Assessment (Mid-Year Review) |
| D | Less than 50 | Served notice |

Reviewer's Comments on overall performance & Potential

_____

_____

Integrity / Disciplinary Action / Propriety: (Tick the relevant Choice)

Conduct:

| | |
|---|---|
| Above Board | Questionable |

Disciplinary:

| | | |
|---|---|---|
| | | |
| Signature of Reporting Officer | Signature of Reviewing Officer | Signature of Consultant/Staff |

| | | | | |
|---|---|---|---|---|
| nitiated | In Progress | Completed | Findings | Not Guilty / Guilty |

Annexure II- 10 No Dues Certificate/ Exit Clearance Form

## No Dues/ Exit Clearance Form

(Kindly complete this form and ensure clearance from the individual Unit Heads. Then submit the form to the HR/ Admin Department for further processing. No salary or relieving letter will be released ifsignatures from the respective units are not completed.)

Full Name & Signature: _____

Designation:_____Division/Department: _____

Date of Resignation / Contract End Date: _____

Last Working Day: _____

| DIVISION / DEPARTMENT | ITEM (Please specify if not indicated) | REMARKS (Please tick if cleared, N/A for not applicable and specify others) | NAME & SIGNATURE |
|---|---|---|---|
| REPORTING UNIT | • Hand Over Sheet | | |
| | • Files / Folders | | |
| | • Passwords | | |
| | • Softcopy Locations | | |
| | • Books/Manuals/ Reports | | |
| | • Others | | |
| IT | • Email Id | | |
| | • Laptop / Bag | | |
| | • Mouse | | |
| | • Data Card | | |
| | • Pen drive | | |
| | • External Drive | | |
| | • External DVD Drive | | |
| | • Mobile | | |
| | • SIM Card | | |

| | | | |
|---|---|---|---|
| | • E file Account | | |
| | • NIC email ID | | |
| LIBRARY | • Books / Periodicals | | |
| | • Others | | |
| ACCOUNTS | • Advance / Loan | | |
| | • Other Outstanding | | |
| ADMINISTRATION | • Temporary Pass - | | |
| | • Keys | | |
| | • Stationeries | | |
| | • Others | | |
| HR | • Resignation Letter | | |
| | • Notice Period Recovery | | |
| | • ID Card | | |
| | • Others | | |

_____TO BE COMPLETED BY HR/ ADMIN DEPARTMENT-_____

Received On:_____ Received By: _____

Relieving Status _____Relieving Letter Issued On:_____

Annexure II- 11Relieve Letter

विषय:- या कार्यालयातील  या कंत्राटी पदाची सेवा समाप्त करणेबाबत.

संदर्भ :-  .....मंजूर टिपणी दि. .....

या कार्यालयातील ..... यांना ..... या कंत्राटी पदावर दि..... पासून आपण कार्यरत होत्या.

उपरोक्त संदर्भिय पुर्ननियुक्ती आदेशान्वये राष्ट्रीय आरोग्य अभियान अंतर्गत विहित वयोमानानुसार आपणास स्टेनो या पदावर दिनांक ..... ते ..... या कालावधीकरिता पुर्ननियुक्ती आदेश देण्यात आले होते. त्यानुसार दिनांक ..... रोजी आपला सेवा कालावधी संपुष्टात येत असल्याने कंत्राटी पदाच्या नियमांस अधिन राहून दिनांक ..... रोजी कार्यालयीन वेळेनंतर आपली सेवा समाप्त करण्यात येत  आहे.

अधिकृत अधिकारी स्वाक्षरी

प्रति,

.....

---

Annexure II- 12 Experience Letter

# EXPERIENCE CERTIFICATE

## TO WHOM SO EVER IT MAY CONCERN

This is to certify that _____ worked as _____ at _____under National Health Mission, Maharashtra from _____ to _____ . The work was commendable during the tenure of the candidate.

We wish all the best in him/her future endeavors.

**Signature**

(Head of Department)

Annexure II- 13 Transport Requisition Form

# Transport Requisition Form

Requisition No_____Date_____

Department / Section _____

Name of the User_____

Date on which vehicle is required _____

Time_____to_____

Place from_____to_____

Purpose of journey _____

_____

Details of meeting etc. _____

_____

Special Instruction (if any) _____

_____

Sign of In-charge personal Sign of Requisitioner

Vehicle may be / may not be provided

Vehicle No_____provided.

**Administrative Officer**

Annexure II- 14 TA/ DA Form

## TA/DA Form

Name- _____

| Travel date | Place | Mode of travel | Approximate expenditure (Rs.) | | Remark (ifany) |
|---|---|---|---|---|---|
| | | | Travel cost | Boarding/ lodging | |
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Designation - _____

Period of Travel: Date (from)_____ (to) _____ No. of days _____

Estimated expenditure to be incurred by employee Rs._____/-

Submitted for approval please.

Signature of Employee

Date:_____

Approved By _

Remark by Admn/Accounts (if any):

Annexure II- 15 Local Conveyance Form

# Local Conveyance Form

Name: …….. Designation: …….. Date: ……

| Date | Place | | Purpose | Mode of travel | Vehicle number | Distance in k.m. | Amount (in Rs.) |
|---|---|---|---|---|---|---|---|
| | From | To | | | | | |
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| | **Total:** | | | | | | |
| | **(Rupees in words):** | | | | | | |

Signature of Claimant

Annexure II- 16 Over Time Form

# Over Time Application Format

Name: _____

Designation: _____

Duration: From-_____ to _____

| Sr No | Date | Entry Time | Exit Time | Total Hours | Actual working hours | Extra working hours | Proposed amount |
|---|---|---|---|---|---|---|---|
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**For Office Use:**

It is certified that above statement regarding receipt of OT allowance has been checked with attendance register/ biometric and it is correct.

**Admin Officer**

**(Signature)**