

## Advertisement

**'State Allied and Healthcare Council'** is to be constituted under National Commission for Allied and Healthcare Profession (NCAHP). Applications are invited for sending shortlisted nominations to Govt. of Maharashtra regarding the Post of Member.

**Information about the posts advertised is as follows:**

two persons representing each of the recognised categories specified below subjects.

- (a) Trauma, Burn Care and Surgical/Anesthesia related Technology,
- (b) Dietician and Nutritionist,
- (c) Community Care, Behavioral Health Science and other Professionals,
- (d) Health Information Management and Health Informatics Professional
- (e) Medical Technologists and physician Associate/Biomedical and medical Equipment Technology Professional
- (f) Charitable Institutions (कलम २२ च्या पोटकलम (३) (f) मधील)

\* Please refer to the Schedule of The National Commission for Allied and Healthcare Professions Act, 2021 at:

<https://thc.nic.in/Central%20Governmental%20Acts/National%20Commission%20for%20Allied%20and%20Healthcare%20Professions%20Act,2021.pdf>

**Important points to note:**

1. Applicant must be less than 65 years of age as on 01.08.2024.
2. The duration for submission of application is from 05.08.2024 to 09.08.2024 between 10 am to 5 pm.
3. Detailed advertisement and application format is posted on Directorate, Medical Education & Research on its official website <https://www.med-edu.in/> and may be downloaded.
4. Duly filled application form in the prescribed format along with attested copies of all relevant documents are to be sent in a sealed envelope with super-scribing on it "Application for the Post of Member" to the following address:  
Commissioner, Medical Education & AYUSH,  
4th Floor, Directorate, Medical Education & Research,  
St. George's Hospital Campus,  
Fort, Mumbai – 444001 (M.S.)
5. Scanned copies of application format as well as all relevant documents should be sent via email to [dmerabranh@gmail.com](mailto:dmerabranh@gmail.com)
6. Both hard copies as well scanned online copy is mandatory for consideration of the post. Please note that scanned online copy will be considered final and must be received by the due date & time at the designated email address.

Sd/-  
Commissioner,  
Medical Education & AYUSH

## Application Forms

**A) Application Form for shortlisting nominations for the Post of Member (Pertaining to two persons representing each of the recognized categories specified in the below subjects for State Allied Healthcare Council to be constituted under National Commission for Allied and Healthcare Profession (NCAHP).**

- 1) Trauma, Burn Care and Surgical/Anesthesia related Technology,
- 2) Dietician and Nutritionist,
- 3) Community Care, Behavioral Health Science and other Professionals,
- 4) Health Information Management and Health Informatics Professional
- 5) Medical Technologists and physician Associate/Biomedical and medical Equipment Technology Professional
- 6) Charitable Institutions (कलम २२ च्या पोटकलम (३) (f) मधील)

General Information:

Name:

Age:

Gender:

Permanent Address:

Current Address:

**Educational Qualification**

Sr.No.	Education	Date of Passing	Name of College / Institute	Name of University
1.	Degree			
2.	Specialization			
3.	Super-Specialization (if any)			
4.	Any additional Degree /Qualification			

**Experience Details:**

Name of Institute currently working at:

Current Post with date of joining:

Sr. No.	Experience	From	Till	Total Duration
1.	Teaching			
2.	Training			
3.	Administrative			
4.	Any other			

Any past Experiences:

**Following Documents to be scanned and submitted along with attested photocopy:**

Sr. No.	Document	Yes /No
1	Nationality Certificate	
2	Age / Date of Birth Proof (Birth Certificate / 10th Passing Certificate)	
3	Address Proof (Any one of Aadhar Card / Passport / Telephone Bill / Electricity Bill)	
4	Degree Certificates	
5	Registration Certificates (If applicable)	
6	Experience Certificate	
7	NOC from the State Govt.	