



Punjab Medical Council

(A Statutory Body constituted under Punjab Medical Registration Act, 1916 & its amendments)

Medical Education Bhawan, Sector 69, Mohali, Pin: 160062

(Tel: 0172-2971015,)

www.punjabmedicalcouncil.in

Email: pmc.sasn@punjab.gov.in

GST No. : 03AAABP0388C1Z0

No. PMC/2023/3281

Dated : 19.07.2023

PUBLIC NOTICE-RECRUITMENT

Applications are invited from eligible persons for the following posts for recruitment on Contractual basis for one year (extendable) in the office of Punjab Medical Council for monitoring various on-going works projects under the Department of Medical Education & Research, Punjab.

Sr. No.	Name of the Post	No. of Posts	Qualification	Emoluments
1.	Hospital Administrator	1	A.) MD/ Masters/ MBA in Hospital Administration/ Health Administration/ Hospital Management from a reputed recognized Institute/ University with 5 years of experience of working in at least 50 bed Hospital. B.) Working Knowledge of Punjabi (10 th Level with 50% Marks). C.) Upto 45 years.	80,000/- p.m.
2.	Assistant Hospital Administrator	1	A.) MD/ Masters/ MBA in Hospital Administration/ Health Administration/ Hospital Management from a reputed recognized Institute/ University with 3 years of experience of working in at least 50 bed Hospital. B.) Working Knowledge of Punjabi (10 th Level with 50% Marks). C.) Age: upto 37 years.	40,000/- p.m.

Place of Posting : Medical Education Bhawan, Sec. 69, Mohali.

The complete application form must reach the O/O Punjab Medical Council, Medical Education Bhawan, 2nd Floor, Sector 69, Mohali-160062 upto 09.08.2023 at 4:00pm by email: pmc.sasn@punjab.gov.in

Registrar,
Punjab Medical Council.

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APPLICATION FORM

POST APPLIED FOR

Paste recent
passport size
photograph

1. Name of Applicant : _____
2. Father's/ Spouse Name _____
3. Date of Birth : _____
4. Whether SC/ST/OBC/PH/Ex-Serviceman: _____
5. Education Qualification Experience: _____

S.No.	Academic/ Professional Qualification	Name of Institution	University	Course duration/ Yr. of passing out	% of Marks (mandatory)

EXPERIENCE

S.No.	Designation	Name of Institution/ Employer	From	To	Field of Experience	Salary Drawn

6. Mailing Address : _____
7. Permanent Address : _____
8. Mobile No.: _____
9. Email address : _____
10. **Mandatory** : Self Attested documents attached : (a) Mark Sheets (); (b) Certificate/
Degree/ Diploma (); (c) Certificate of Registration (); (d) Experience (); (e) Age Proof ()*; (f) any
other ()
11. **Undertaking** :

I hereby certify that all the information given above is true and the best of my knowledge if any of the above information is found to be incorrect at a later stage, I shall be liable to be disqualified/ removed from the service after selection

Date:

Place :

(Signature of the Candidate)

*Crucial date for determining the age of the Candidate shall be the last date of receipt of applications i.e. 09.08.2023 by 4:00PM.