

## **JOB VACANCY FOR SPECIALIST DOCTORS**

Seeking for locum specialist Doctors to under Ministry of health

### **Requirement**

<b>Post</b>	<b>Physician</b>	<b>Anesthetist</b>
Required	6	6

Post classification: Specialist Medical Practitioners

Work place: Health facilities under Ministry of Health

Contract Duration: 4 Months (Renewable but salary package will change)

Date of commence: Upon Arrival after completion of Related Council Registration

### **Salary package for specialists**

Basic salary with service allowance: \$5000(MVR 77100)

Food and Accommodation will be arranged by the employer

### **Minimum Qualification and Requirement :**

- Completed Bachelors of Medicine and Surgery (MBBS) and 01-year internship from a teaching hospital
- Accepted by Maldives Medical and Dental Council and 1 year of work experience as medical officer and completed MD in specialty,
- Accepted by Maldives Medical and Dental Council and more than 1 year of work experience as specialist.

The application should be submitted as mentioned below

Method of Apply- Website [www.norkaroots.net](http://www.norkaroots.net)-

Pleass fill the job application form and set the documents prescribed below

1 . Filled Job application form

2. MBBS and Specialist Qualification Certificate

3. Internship
4. Academic Transcript
5. Experience Certificate
6. Specialist Registration
7. Basic Registration
8. Police Clearance Certificate (Upon Selection/ Arrival)
9. Passport copy
10. CV

All certificates and documents should be uploaded as a single PDF document in the order mentioned above. ( Up to 2MB)

#### Guidelines for submitting applications

1. Upload latest/ updated CV, Educational certificate and Experience certificate (in PDF format only) and photo in jpg format.
2. Only candidates who possess the prescribed mandatory qualification and experience can apply, others will be rejected without any prior notification.
3. Upload clear scanned copies of documents
4. Please check your email regularly, further follow up will be informed only through email.
5. Candidates must reply to the email sent from Norka- roots within the stipulated time frame. Others will not be considered.

6. Please visit [www.norkaroots.org](http://www.norkaroots.org) for submitting application and register your details by creating a user name and password, and then sign in with corresponding username and password. Then go to recruitment and apply. Please maintain the created username and password for correspondence.

7. After completing the accompanying job application, all the required certificates should be uploaded as a single PDF document.

Candidates are informed to strictly follow the above guidelines, else applications will be rejected.

**LAST DATE OF APPLICATION 28.11.2021**

**For apply [www.norkaroots.org](http://www.norkaroots.org)**

**MODE OF INTERVIEW, DATE AND VENUE WILL BE INFORMED TO THE SHORTLISTED CANDIDATES.**

**SERVICE CHARGE WILL BE COLLECTED FROM THE SUCCESSFUL CANDIDATES AS PER THE EMIGRATION ACT 1983**

**WARNING: THERE IS NO ROLE FOR ANY PRIVATE RECRUITING AGENCIES IN THIS PROCESS AND THE CANDIDATES SHOULD NOT PAY ANY CASH OR KIND TO ANY THIRD PARTY FOR GETTING SELECTED. MALPRACTICES OF NATURES SHOULD BE COMMUNICATED TO NORKA ROOTS**



Passport size  
photograph



Ministry of Health  
Male  
Republic of Maldives

### JOB APPLICATION FORM FOR EXPATRIATE

Please fill all sections of this form in CAPITAL LETTERS

EMPLOYMENT INTEREST			
Postion			
Grade		Basic Salary	

BASIC INFORMATION			
Personal Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms
First Name		Middle Name	
Last Name			
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Age
Marital Status		Date of Birth	DD/MM/YYYY
Passport no		Passport Expiry	DD/MM/YYYY
Personal email			
Contact No.			
Present Address	Building Name		
	Apartment / Floor no		
	Street		
	City / State		
	Country		
Permanent Address	Building Name		
	Apartment / Floor no		
	Street		
	City / State		
	Country		

EMERGENCY CONTACT INFORMATION	
Name	
Address	
Relationship	
Contact no	

EDUCATION			
Secondary Education		Higher Secondary Education	
Subject	Grade	Subject	Grade

HIGHER EDUCATION	
Course Details	
Institute / University	
Date Acquired	
Course Details	
Institute / University	
Date Acquired	
Course Details	
Institute / University	
Date Acquired	

OTHER TRAININGS	
Details	
Institute / University	
Date Acquired	
Details	
Institute / University	
Date Acquired	
Details	
Institute / University	
Date Acquired	

EMPLOYMENT HISTORY		
Company 1	Place	
	Designation	
	Work Detail	
	Duration	
	Last Drawn Salary	
	Reason Resigned	
Company 2	Place	
	Designation	
	Work Detail	
	Duration	
	Last Drawn Salary	
	Reason Resigned	
Company 3	Place	
	Designation	
	Work Detail	
	Duration	
	Last Drawn Salary	
	Reason Resigned	
Company 4	Place	
	Designation	
	Duration	
	Last Drawn Salary	
	Reason Resigned	

REFERENCE DETAILS		
Referee 1	Name	
	Position	
	Company Name	
	Contact no	
	email	
Referee 2	Name	
	Position	
	Company Name	
	Contact no	
	email	

## BACKGROUND CHECK

1. Have you got any friends or family working in Ministry of Health? Yes  No

If yes, please specify

2. Have you worked in Maldives before? Yes  No

If yes, please specify

3. Do you have any past or pending criminal conviction? Yes  No

If yes, please specify

4. Are you taking treatment for any illness? Yes  No

If yes, please specify

5. Have you taken treatment for any illness for more than 2 months ? Yes  No

If yes, please specify

6. Have you applied your documents through any agencies before? Yes  No

If yes, please specify

7. Are you pregnant? Applicable on for female Yes  No

If yes, please specify

## DECLARATION

I understand that the Ministry of Health DO NOT take any fees during the process of negotiation, offer of acceptance and employment period from any applicant with regard to employment opportunities. And any communication regarding recruitment during the recruitment process with an outside party is not allowed. And I am also informed that any such activities are illegal within the government sector therefore, Ministry of Health shall be informed of any such activities.

I hereby declare that all information stated in this form is true. I understand that any job offer made on the basis untrue or misleading information and any illegal activities may be withdrawn or may be subject to termination.

Applicants Name:

Signature:

Date:

## DOCUMENTS CHECK LIST

Completed application form

Curriculum vitae

Copy of passport bio-data page

Copy of academic certificates

Previous / Current employer reference letter / Experience letter Passport size photo (In official attire)

Police clearance certificate ( 3 Months Validity )

Certified English language certificate (O level / A level / IELTS / TEFL/OET)

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