



ZILLA SWASTHYA SAMITI, BHADRAK
DISTRICT PROGRAMME MANAGEMENT UNIT, NHM
O/O- CDM&PHO, DIST- BHADRAK



NOTICE

Advt. No. 12 /2021 Date: 26/10/2021

Applications are invited from the in-house contractual employees of NHM working in the same post under OSH&FW Society in other districts, desiring to be posted in Bhadrak district against the category of posts mentioned below (Fresh candidates / without having any experience under OSH & FWS do not apply for the below mentioned post).

| Sl. No. | Name of the Post (Vacancy) |
|---------|---|
| 1 | Block Programme Manager |
| 2 | Data Assistant- Cum- Accountant |
| 3 | Public Health Manager |
| 4 | Staff Nurse/ ANM – RBSK |
| 5 | M.O (MBBS) at Day care under NPCDCS |
| 6 | M.O (MBBS)- DEIC |
| 7 | Counsellor |
| 8 | Ophthalmic Assistant/ Refractionist |
| 9 | AYUSH Doctor – Collocated PHC-Ayurvedic |
| 10 | AYUSH Doctor – Collocated PHC-Homeopathic |

Interested **in-house candidates presently working under NHM only** are requested to apply in the prescribed format with **NOC and experience certificate** issued by concerned CDM&PHOs . Selection shall be made on the **highest length of incumbency** under the Society, as per the **reservation category** applicable if any. The application format & other details can be obtained from the district website www.bhadrak.nic.in and the application should reach to the Office of the Chief District Medical & Public Health Officer, Bhadrak, PIN-756100 by dt-11/11/2021 (Up to 5.30.P.M.) through Registered/ Speed Post only. **The envelope containing the application should be super scribed clearly the name of the post applied for ----- ref. advt. no. -----.** Application received after due date and time will not be considered. Vacancies shown above are provisional and subject to change during the time of appointment. Incomplete application in any form is liable for rejection. No personal correspondences / enquiry will be entertained in this matter. The undersigned reserves the right to accept / reject any application and modify / cancel the advertisement without assigning any reason thereof. This office will not be responsible for any postal delay.

CDM & Public Health Officer, Bhadrak

**APPLICATION FORM****(Adv No. 12/2021 & Date-26/10/2021)****Name of the Post
Applied for****Photograph**

1. First Name:

Middle Name

Last Name

2. Sex:

3. Date of Birth

4. Age as on 01/10/2021-

5. District of Domicile

6. Please mention category (SC/ST/SEBC/UR:)

7. Present Contact Address with Telephone No.

8. Permanent Contact Address:

9. Mobile No.

10. E-mail ID:

11. Education: High School onwards, please list all your qualifications

| Degree (Starting from 10 th onwards) | Institute/Board & Location | Year | Marks | | | Full/Part Time/Distance Learning |
|--|----------------------------|------|--------------|----------------------|---|--|
| | | | Full Mark | Marks Secure d | % | |
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12. Respective Valid Council Registration Number (As applicable):

13. Present Place of Posting:

14. Date of joining in the post applied for:

| | |
|------------------------|--|
| 15. Employment Record: | |
| i. | Complete terms of uninterrupted service under OSH&FWS: (Experience Certificate to attach clearly indicating the duration. a. From _____ to _____ at _____ |
| ii. | Complete terms of uninterrupted service under OSH&FWS in the post applied for : (Experience Certificate to attach clearly indicating the duration. a. From _____ to _____ at _____ b. From _____ to _____ at _____ c. From _____ to _____ at _____ |
| Date: _____ | |
| Place: _____ | Signature of the Applicant |

Note: List of enclosure(s): Following documents are to be enclosed along with the application:

- a. Two copies of passport size colour self attested photographs. One copy of self attested photograph will however to affixed at the position in the application form.
- b. Self attested photocopies of documents in support of age, caste, qualification, experience etc.
- c. Self attested photocopy of Identity Proof (Voter ID card / PAN card / Driving License / Adhaar card / Passport).
- d. NOC from concerned CDM&PHO (Date of issuance of NOC must not prior to the date of Advt.)**
- e. Experience Certificate indicating the **period of experience** and **existing contract period** from concerned CDM&PHO

Declaration by the Candidate

I do hereby declare that the information furnished above are true to the best of my knowledge and belief and that, if any stage, it is found that any of the above material information is false / incorrect or is suppressed by me, my candidature / appointment under OSH&FWS, Odisha is liable to be rejected / terminated. I also declare that I have never been disengaged from service previously on administrative ground such as disobedience / poor performance / misbehavior/ criminal activities etc.

Signature of the Applicant

Date:

M