



OFFICE OF THE CHIEF DISTRICT MEDICAL & PUBLIC HEALTH OFFICER: NUAPADA
(DISTRICT PROGRAMME MANAGEMENT UNIT, NHM)



No./ 2480 /

Dtd:/ 4/7/2022

Empanelment of Physiotherapist

Expression of Interest for Physiotherapy Services at PHC-HWC/ UHWC / SC-HWC level.

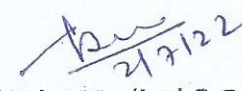
Expression of Interest is invited from individual for rendering Physiotherapy services at PHC-HWC UHWC / SC-HWC level Level of Nuapada district. Physiotherapy services include Fixed day services at PHC HWC level and Home visits to Home bound/Bed ridden cases as per guidelines. The individuals will be paid session wise allowances for giving defined services. In addition to the service allowance she/he will get fixed travel allowance for field/home visit days only. S/he will provide services for 2 days in a week (1 fixed at at PHC HWC / UHWC & 1 day for field/home visit) per PHC HWC/ UHWC . S/he can be engaged to work maximum at 3 PHC HWCs. The assignment is subject to change as per the requirement.

The minimum Qualification, age experience for empanelment of Physiotherapist is as follows :

- **Education:** Bachelor degree in Physiotherapy i.e. BPT (4 years 6 months duration including internship) from a recognized university with 55 percentage of marks in BPT.
- **Age :** Not more than 50 years at the time of joining.
- **Experience:** Minimum 6 month of experience is preferable but not necessary.

Candidates having the above required qualification may attend the Walk-In-Interview at DTU Conference Hall, DHH,Nuapada with prescribed application form and required documents on dt.....26.7.22.....(Registration time 10.00 AM to 12.00 N).


The undersigned reserves the right to cancel/reject any or all the applications without assigning any reason thereof.


Chief District Medical & Public Health Officer
Nuapada

Memo No 2481

Date 4/7/2022

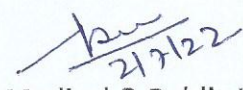
Copy to the Notice Board of Collectorate , Nuapada CDM&PHO,Nuapada /DPMU,Nuapada / All Superintendent CHC for information & necessary action.


Chief District Medical & Public Health Officer
Nuapada

Memo No 2482

Date 4/7/2022

Copy to the DIO-NIC,Nuapada for information & you are requested upload the Notice along with application form in the District NIC website on dt.....4.7.22.....with heading of " Empanelment of Physiotherapist in PHC-HWC/ UHWC/ SC HWC level of Nuapada district" for information of the prospective candidate to appear Walk-In-Interview on above schedule date & time.


Chief District Medical & Public Health Officer
Nuapada

Application Form

(For the Post of Physiotherapist empanelment)

Fixed recent
passport size
colour
photograph

1. Name of the Individual :
2. Sex :
3. Date of Birth (dd/mm/yyyy) :
4. Age (as on April-2021):
5. Address :
6. Contact No :
7. E-mail Id :
8. Education Qualification (as per Eol) :
9. Work experience (If any) :
10. Any recognition/award received :
11. Any other Information :


Declaration

I.....(name of the candidate) certify that my answers are true and complete to the best of my knowledge & belief. If this application leads to empanelment & subsequent opportunity to render physiotherapy services as per guidelines, I understand that false or misleading information in my application or response may result in my disqualification.

Date :

Place :

Signature of the candidate



Candidates are requested to attach the following documents along with the application form

- 1 Self attested copies of all educational documents
- 2 Two recent passport size photograph
- 3 Self attested photocopy of any Identity Proof
- 4 No objection certificate if any
- 5 Post qualification experience certificate if any

OPTION FOR PLACEMENT OF **PHYSIOTHERAPIST** (IF SELECTED)

S/no	Name of Block	Mark below against the name of the blocks from 1 to 5 as the choice of the blocks for posting <i>employment</i> (1 for 1st choice, 2 for 2 nd choice and so on)
1	Nuapada	
2	Komna	
3	Khariar	
4	Sinapali	
5	Boden	

Note: (1) The engagement of the part-time Physiotherapist will be made in the PHC/UHWC / SC Health & wellness centers of the concerned block as per the available vacancy.

(2) This choice list is to be used for placement of the eligible candidates as Part-time Physiotherapist but not binding on the District Health Administration.

Full Signature of the candidate

Name of the Candidate:

Address:

Mobile Contact no of the Candidate:

[Handwritten signature]