



OFFICE OF THE CHIEF DISTRICT MEDICAL & PUBLIC HEALTH  
OFFICER, JAGATSINGHPUR  
DISTRICT PROGRAMME MANAGEMENT UNIT (DPMU)  
NATIONAL HEALTH MISSION (NHM)



**Walk-In-Interview**

Advt No 3145

date 30/07/2022

Walk-in-Interview will be conducted as scheduled below for filling of the following posts under SNCU, DEIC, NCD & HWC of National Health Mission, of Jagatsinghpur district on contractual basis with monthly remuneration as noted against each and subject to renewal as per OSH & FW Society terms and conditions lower age limit for all the posts is 21 years as on 01.08.2022.

Sl No	Name of the Programme / Activities as per NHM PIP	Name of the post	Age as on 01.08.2022	Vacancy	Monthly Remuneration (In Rupees)+PI	date of Registration / Interview	Eligibility Criteria
1	special Newborn Care Unit (SNCU)	Medical Officer	More than 21 years and less than 67 years.	3	Rs.61,261/-+PI	16.08.2022	<ul style="list-style-type: none"><li>• MBBS preferably having experience of working in Pediatric ward for 2 years. DCH Qualified persons are given preference.</li><li>• Must have valid registration from the Odisha Council of Medical Registration.</li></ul>
2	District Early Intervention Centre (DEIC)	MO MBBS	More than 21 years and less than 67 years.	1	Rs.61,261/-+PI	16.08.2022	<ul style="list-style-type: none"><li>• MBBS degree from Institutions recognized by Medical Council of India.</li><li>• Must have completed compulsory internship.</li><li>• Must have valid registration from the Odisha Council of Medical Registration.</li></ul>
3	NCD Non communicable Diseases	Medical Officer	More than 21 years and less than 67 years.	1	Rs.61,261/-+PI	16.08.2022	<ul style="list-style-type: none"><li>• MBBS degree from Institutions recognized by Medical Council of India.</li><li>• Must have completed compulsory internship.</li><li>• Must have valid registration from the Odisha Council of Medical Registration.</li></ul>

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*30/7/2022*

4	Urban Health Wellness Centre, Jagatsinghpur (UHWC)	Medical Officer	More than 21 years and less than 67 years.	1	Rs.61,261/- +PI	16.08.2022	<ul style="list-style-type: none"> <li>• MBBS degree from Institutions recognized by Medical Council of India.</li> <li>• Must have completed compulsory internship.</li> <li>• Must have valid registration from the Odisha Council of Medical Registration.</li> </ul>
5	Health & Wellness Centre (HWCs)	Yoga Instructor	More than 21 years and less than 58 years.	Empa nelme nt	Rs.500/- per session	16.08.2022	<ul style="list-style-type: none"> <li>• The candidate must be MA in Yogic Science /MA in human conscious and Yogic Science/PG Diploma in Yoga/Certificate course in Yoga.</li> </ul>

**Venue:-Office of the CDM & PHO-Cum-DMD, Jagatsinghpur**

Interested candidates can log on to [www.jagatsinghpur.nic.in](http://www.jagatsinghpur.nic.in) for detail Eligibility Criteria, Age & Application Form etc. Registration timing will be from 10.30 A.M to 12.00 Noon. No application will be received after scheduled timing of registration.

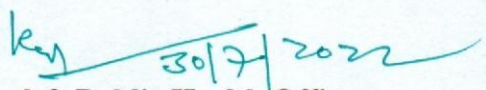
Sd/-

CDM & PHO-cum- DMD, Jagatsinghpur

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30/07/2022

## **General Terms and conditions:**

1. The contractual positions (Sl. No. 01 to 04) are initially for a period of 11 months which can be extended depending upon requirement and suitability.
2. The Yoga Instructor's remuneration will be paid per session basis i.e Rs.500/- per 90 minutes.
3. Minimum 10 persons to participate in each Yoga Session.
4. Preference shall be given to the candidates having residence nearer to the identified Health Wellness Centre.
5. All the positions are purely temporary and co-terminus with the scheme. Canvassing in any form will render the candidate disqualified for the position.
6. Candidates, who are already working in health department either on regular or on contractual basis, have to submit "No Objection Certificate" from concerned employer, without which they will not be eligible.
7. The application form need to be downloaded at [www.jagatsinghpur.nic.in](http://www.jagatsinghpur.nic.in) and filled in application form along with the color passport size photograph, self attested photocopy of all relevant certificate and mark sheets shall be submitted by the applicant at the time of registration.
8. Incomplete application in any form will be rejected.
9. In case the examination on the scheduled date cannot be conducted the same shall be held on the next working day.
10. Selection will be done as per the guideline stipulated by Mission Director, NHM, Odisha.
11. Interested candidates fulfilling the eligibility criteria are to attend the Walk-In-Interview in the Office of the CDM & PHO-Cum-DMD, Jagatsinghpur by downloading the application form from the website [www.jagatsinghpur.nic.in](http://www.jagatsinghpur.nic.in). The filled in the application duly signed by the candidate along with self attested copies of all supportive documents shall however be submitted at the time of Walk-In-Interview.
12. In case the marks obtained are in the form of CGPA, OGPA, DGPA, GPA,CPI etc, a certificate for conversion as applicable to percentage of marks shall be submitted at the time of submission of application form, Otherwise the same will be rejected.
13. Underage/Overage, under qualification and short of requisite percentage of marks in the prescribed educational qualification shall be rejected.
14. If any candidate is found to have suppressed any material information or furnished false information / documents, his/her case shall not be considered for the post applied for and in case already engaged on the basis of the said information / documents , his/her service shall be terminated from the society forthwith. Candidates who have been disengaged earlier from the society on administrative ground such as disobedience / poor performance / misbehaviour / criminal activity etc. are not eligible to apply.
15. No candidate will be entertained to attend the walk-In-Interview after the scheduled date and time as mentioned above. No personal correspondence / queries will be entertained. All communication will be made through Official website.
16. The panel for above positions shall also remain valid for similar posts in other programmes under NHM ambit with same educational qualification and same remuneration, as it will be decided by the society.
17. Number of vacancies/ remuneration as mentioned under this advertisement may vary at the time of actual engagement.
18. The undersigned reserves the right to cancel any or all the applications / positions at any stage of recruitment process without assigning any reason thereof.

  
**Chief District Medical & Public Health Officer,  
Jagatsinghpur**

**APPLICATION FORM FOR THE POST OF  
M.O - MBBS - DEIC**

Advertisement No.		Photograph	
Name of the Post		Identity Proof No.	
1. Applicant Name:			
2. Father's Name:			
3. Date of Birth:	4. District of Domicile:	5. Sex:	
6. Age as on 01.08.2022			
7. Present Contact Address:	8. Contact Telephone No. :-		
Permanent Contact Address:	Mobile No:-		
9. Email Address:			
10. Languages spoken/written:			
11. Professional Qualification details:			
Sl. No.	Exam Passed	Name of Board / University	Year of passing

12. Employment Record:-
Total years of post qualification experience:-

13. Experience Details (starting from present / last employment):-

Name of the Employer	Post Held	From Date	To Date	Total	
				Year	Month

**Declaration:** I do hereby declare that the information furnished above are true to the best of my knowledge and belief and that, if at any stage, it is found that any of the above material information is false / incorrect or is suppressed by me, my candidature / appointment under Odisha State Health & Family Welfare Society (OSH&FWS), Odisha is liable to be rejected / terminated. I also declare that I have never been disengaged from service under the OSH&FWS, Odisha on administrative ground such as disobedience / poor performances/ misbehavior/ criminal activity etc.

**Date:**

**Place:**

**Full Signature of the Applicant**

**List of enclosure(s):-**

**Note:**

1. The 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, qualification, experience etc.
  - c. Self attested photocopy of Identity Proof (Voter ID card / PAN card / Driving License / Adhar card / Passport).



13. Employment Record:

Total years of post qualification experience : \_\_\_\_\_

Years of experience in Government : \_\_\_\_\_

Years of experience in any other sector : \_\_\_\_\_

14. Details of Employment: (Use separate sheets if required).

Starting with your present employment, list in reverse order all the employments you have had.

15 A. Current Employment:

From Month / Year	To Month / Year	Designation

Location of Employment: \_\_\_\_\_

Description of your duties: \_\_\_\_\_

16. Previous Employment:

From Month / Year	To Month / Year	Designation

Location of Employment: \_\_\_\_\_

Description of your duties: \_\_\_\_\_

*Signature of the Applicant*

**Note:**

**Documents to be attached in the application.**

1. Self attested copy of certificates and marks sheet of HSC/Equivalent issued by the recognized Board
2. Self attested copy of certificates and marks sheet of MBBS / Equivalent issued by the University
3. An undertaking regarding one spouse living in case of married.
4. Self attested copy of Experience & NOC Certificates.
5. Self attested two recent passport size colour photographs and self-photo ID proof (Driving License Pan Card Voter ID card Passport/Adhaar card).

**APPLICATION FORM FOR THE POST OF  
MEDICAL OFFICER - UHWC**

Advertisement No.		Photograph	
Name of the Post		Identity Proof No.	
1. Applicant Name:			
2. Father's Name:			
3. Date of Birth:	4. District of Domicile:	5. Sex:	
6. Age as on 01.08.2022			
7. Present Contact Address:	8. Contact Telephone No. :-		
Permanent Contact Address:	Mobile No:-		
9. Email Address:			
10. Languages spoken/written:			
11. Professional Qualification details:			
Sl. No.	Exam Passed	Name of Board / University	Year of passing



12. Employment Record:-
Total years of post qualification experience:-

13. Experience Details (starting from present / last employment):-

Name of the Employer	Post Held	From Date	To Date	Total	
				Year	Month

**Declaration:** I do hereby declare that the information furnished above are true to the best of my knowledge and belief and that, if at any stage, it is found that any of the above material information is false / incorrect or is suppressed by me, my candidature / appointment under Odisha State Health & Family Welfare Society (OSH&FWS), Odisha is liable to be rejected / terminated. I also declare that I have never been disengaged from service under the OSH&FWS, Odisha on administrative ground such as disobedience / poor performances/ misbehavior/ criminal activity etc.

Date:

Place:

List of enclosure(s):-

Full Signature of the Applicant

Note:

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  - 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, qualification, experience etc.
  - c. Self attested photocopy of Identity Proof (Voter ID card / PAN card / Driving License / Adhar card / Passport).

**Application form for Empanelment of Yoga Instructor at Health & Wellness  
Centre (HWCs) in Jagatsinghpur District**

Advertisement Number :  
Place applied for :  
Name of the Applicant :  
Sex :  
Date of Birth (dd/mm/yyyy) :  
Father's/Husbands Name :  
Present Address :

Permanent Address :

Mobile Number :

E-mail Address :

Language known :

(Both read & write)

Professional Qualifications : Tick at appropriate place

M.A. in Yogic Science/ M.A. in Human conscious & Yogic science/P.G. Diploma  
in Yoga/ Certificate course in Yoga

Employment Records :

3. Total years of experience in the profession

4. Present place of working :

**Declaration**

I do hereby declare that the information furnished above is true to the best of my knowledge and belief.

Date:

Place:

**Full Signature of the Applicant**

List of enclosure(s):-

**Note:**

The following documents are to be enclosed along with the application:

- d. Two copies of passport size colour self attested photographs.
- e. Self-attested photocopies of documents in support of age, professional qualification, experience etc.
- f. Self-attested photocopy of Identity Proof (Voter ID card / PAN card / Driving License/Adhaar Card etc.)