## OFFICE OF THE CHIEF DISTRICT MEDICAL AND PUBLIC HEALTH OFFICER, PURI Advt. No. 985 / Gazetted Section, Puri Date 0 - 03-2024. ADVERTISEMENT

## INVITATION FOR WALK-IN INTERVIEW OF CONTRACTUAL DOCTORS

In pursuance to Resolution No. 17390/H & FW Dated 29.06.2018 and Notification No. 12421/ H & FW Dated 25.04.2018 of the Govt. of Odisha Health & FW Department, the interested (fresh & retired) candidates up to the age-70 years are invited to attend the walk-in-interview on 14.03.2024 at 11.30 A.M in the chamber of CDM & PHO, Puri for filling-up the vacant post of Medical Officer (MBBS) and Specialists on contractual basis in the different medical institutions of Puri district.

The candidates should be applied and present on 14.03.2024 at 11.30 A.M with their educational original certificates/documents for verification.

- 1: Applications are invited from prospective candidates through the proforma application in annexure-I.(Attached with advertisement).
- 2: The age of the applicant should be maximum 70 years for applying for the post subject to their physical fitness certificate.
  Date of birth entered in the High school certificate or equivalent certificate issued by the concerned Board/Council will only be accepted.
- 3: The consolidated monthly remuneration of the doctors engaged on contractual basis against the vacant post of Assistant Surgeon is @ Rs. 55, 000/- (Rupees fifty five thousand) and the Specialists is @ Rs. 60,000/- (Rupees Sixty thousand) only P.M.
- 4: <u>Certificates and documents to be carried to the interview:</u>

The candidate original and photocopies (1 set) of the following documents:

- a. +2/intermediate/Higher Secondary Examination Certificate issued by the concerned Board/ Council.
- b. M.B.B.S Degree Certificate and Post-Graduation Certificate issued by the recognized university.
- c. If a candidate claim to process qualification equivalent to the prescribed qualification, the rule/ authority (with number and date) under which it is so treated must be furnished.
- d. H.S.C or equivalent certificate in support of declaration of age issued by the concerned Board/Council.
- e. Identity proof (Aadhaar).
- f. Completion of Internship/ Valid Medical Registration Certificate under Odisha State/.
- g. Other registrations if any.
- h. One recent passport size photograph (unsigned and unattested).

Note: If a candidate fails to furnish any of the original certificates and documents in respects of photocopies submitted with the application by him or her, for verification on the day of interview, then, his/her candidature will be rejected.

Chief District Medical & Public Health Officer, Puri

## **APPLICATION FORM**

(Appointment of Contractual Doctors under Health & Family Welfare Department., Govt. of Odisha)

A	dvertisement No.					Photogra	aph
1	Name of the Post						
					şi	dentity Pro	oof No.
1.Ap	plicant Name:						
2.Fa1	ther's Name:						
3. Da	ete of Birth:	4.District of Domicile:			5.Sex:		
6. Ag	e as on date of walk	c-in-interview/counse	elling:				
7. Pr	esent Contact Addre			8.Contact 1	elephone	No.:	
Perm	anent Contact Addr	Mobile No.:					
9.E-m	ail Address:				_		
10.La	nguage spoken/writ	tten:				_	
11.Pr	ofessional Qualifica	tion details:					
SI. No.	Exam Passed	Name of Board/University	Year of passing	Mar	ks (excludi		Duration of
				Full Mark	Marks secured	%of Marks	course
						l	
						<u> </u>	⊥

2.Employment Record:					
otal Years of post qualification	on Experience:				
3.Experience Details (starting	g from present/ last e	employme	nt):		
13.Experience Details (starting	g from present/ last e	employme From	nt):  To Date	Tota	
Name of the Employer				Tota Year	el Month
		From			
		From		Year	
		From			
	Post Held	From Date		Year	
	Post Held	From Date		Year	
	Post Held	From Date		Year	
	Post Held	From Date		Year	

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 Health & Family Welfare Department (OSH&FWS), Odisha is liable to be rejected / terminated. I also declare that I have never been disengaged under Health & Family Welfare Department, Govt. of Odisha on administrative ground such as disobedience / poor performances / misbehaviour / criminal activity etc.

Dat	e:	
Plac	æ:	
List	of	endosure(s):

**Full Signature of the Applicant**