

OFFICE OF THE CHIEF DISTRICT MEDICAL & PUBLIC HEALTH OFFICER, SAMBALPUR, DISTRICT PROGRAMME MANAGEMENT UNIT, NATIONAL HEALTH MISSION

ADV. No- 1408

Date- 18 06 3030

Applications are invited from the contractual employees of NHM working in the same post under OSH&FW Society in other district desiring to be posted in Sambalpur district against the vacant post mentioned below.

SI. No.	Name of the Post	No of Vacancies		
1.	AYUSH Homeopathy- RBSK- Male	01		
2	AYUSH Homeopathy- RBSK- Female	05		
3	AYUSH Ayurvedic- RBSK- Male	01		
4	AYUSH Ayurvedic - RBSK- Female	02 ·		
5	Pharmacist- RBSK	08		
6	Staff Nurse/ ANM- RBSK	07		
7	AYUSH MO Ayurvedic	06		
8	AYUSH MO Homeopathy	04		

Interested Eligible in-house candidates may log on to www.sambalpur.nic.in for details terms & conditions and application form etc. and may apply to the post in the prescribed form to the Office of the Chief District Medical & Public Health Officer-cum-District Mission Director, Sambalpur on or before 30.06.2020 by 5.00 PM. only through Speed Post/Registered Post. Applications received after the due date & time will not be considered. Number of vacancies under this advertisement is provisional which may increase or decrease depending upon the actual vacancy. Time to time notification regarding status of selection process will be web hoisted in district web-site. The undersigned reserves the right to cancel/ reject any or all the applications without assigning any reason thereof. This office will not be responsible for any postal delay.

CDM&PHO-cum-DMD, Sambalpur

Other Terms & Conditions:

- All positions are contractual in nature for a period of 11 months, which can be extended depending upon requirement and suitability.
- The application should reach the undersigned on or before 30 .06.2020 by 5.00PM.
 Through regd. post& speed post only. The application must be superscripted as "Application for the Post of" otherwise the application will be rejected. This office will not be held responsible for any postal delay. Incomplete application in any form will be rejected.
- The criteria of selection shall be the highest length of incumbency under the society.
- For the purpose of calculation of incumbency, the last uninterrupted service in the same post under the Society shall be taken into account.
- The application form need to be downloaded at www.sambalpur.nic.in and filled in application form along with the colour passport size photograph, self-attested photocopies of all relevant certificate and mark-sheets shall be submitted by the applicant.
- No personal query will be entertained.
- Selection will be done as per the guideline stipulated by Mission Directorate, NHM, Odisha.

CDM&PHO-cum-DMD, Sambalpur

HEAL THAT IS SENTE OF THE SENTE		APPLICATION FORM							
Advertisement No							Photograph		
Post Ap	plied for								
	me of the Candidates Block Letters)								
2 (I). Date of Birth:			Age as on o	late of a	ent.	3. Sex:			
4. District of Domicile: 5. Please ment			ase mentio	on Category (SC/ST/OBC/SEBC/UR):					
6. Present Contact Address: Permanent Contact Address						Address:			
Pin Cod	e:			, 1	Pin Code:				
9. Email Address:				10.Mobile No.:					
11. Languages spoken/written:				1					
12. Computer Literacy:									
13. Academic & Professional Qualification: High school onwards, please list all your qualifications									
	Examination Passed	Institute/	Year of Passing	Marks				Full/Part	
SI. No.		Board/ University		Full Mark	Marks Secured	% of Mark	Duration of course	Time/ Distance Learning	
1									
2								111	
3									
4									
5									
1 4. Employment Record:									
Total years of post-qualification experience :									
Years of experience in the Development Sector /NGO:									
Years of experience in Government :									



15. De	tails of Employm	ent: (Use s	eparate sheets i	f required).				
Startin	g with your prese	ent employ	ment, list in reve	erse order a	ll the em	nployments you h	nave had.	
15 A.	Current Employ	ment						
From Month / Year		To Month / Year		Name of Employer:		Nature of Business:		
Repor	nation: ting to (Name, De	esignation8	& Contact No of			- 4		
Locati	on of Employmer	it:						
15 B. I	Previous Employ	ment						
Sl.N o	Name of the post	From (DD/M M/YY)	To (DD/MM/YY)	Location of Employment:		Name of Employer:	. Nature of Business:	
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DELARATION BY THE CANDIDATE

I do here by 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 information is false /incorrect or is suppressed by me, my candidature/appointment 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.

Full Signature of the Applicant

Note: The following documents are to be enclosed with application

- Self-Attested photo copies of all Mark sheets & Certificate in proof of the claim made by the candidate relating to his/her educational qualification, age..
- 2. Two copies of passport size color self-attested photograph to be submitted along with the application
- 3. NOC-cum-Continuation Certificate to be attached & experience certificate of previous employment.

In case of submission of incomplete application including non-attachment of one or more of the above document the candidate is liable to be rejected.

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