ZILLA SWASTHYA SAMITI, NUAPADA
OFFICE OF THE CHIEF DISTRICT MEDICAL OFFICER, NUAPADA
(CORPUS FUND)

E-mail: nhmnuapada@gmail.com
Phone: (06678)-223346

Adv No: 2929 /DPMU/NHM/2019
Date: 12/12/2019

REQUIREMENT OF SPECIALIST DOCTORS
in
O & G /Paediatrics/Medicine/Aneesthesia/Orthopedics/Surgery
Psychiatry/Skin & VD/Radiologist

Zilla Swasthya Samity, Nuapada invites applications from interested specialist doctors on Full Time/permanent basis under Corpus Fund. Interested specialist doctors can download the application format & vacancy details from www.nuapada.nic.in and can attend in the office of the undersigned application along with all certificates in any working day from 1st to 15th of every month. For detailed enquiry interested specialist doctors can contact in 9439989988/9439989500. The remuneration for all the above category of post is provisionally fixed as Rs.1, 50,000/- which is negotiable. The minimum age for all post is 21 years and maximum age limit is 070 years.

CDM & PHO, Nuapada
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<thead>
<tr>
<th>Advertisement No</th>
<th>Photograph</th>
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<tr>
<th>Post Applied for</th>
<th>Identity Proof No</th>
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1. Applicant Name:  
2. Father’s Name:  
3. Date of Birth:  
4. Sex:  
5. District of Domicile:  
6. Age as on date of interview/counselling  
7. Please mention if SC/ST/OBC/GEN:  
8. Present Contact Address with Telephone No:  
9. Permanent Contact Address:  
10. Email Address:  
11. Mobile No:  
12. Languages spoken/written:  
13. Professional Qualification details:  

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<tr>
<th>Exam Passed</th>
<th>Name of Board &amp; University</th>
<th>Year of passing</th>
<th>Marks (excluding 4th Optional)</th>
<th>Duration of course</th>
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### Employment Record:

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<th>Total years of post qualification experience</th>
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14. Details of Employment: (Use separate sheets if required).

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

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<tr>
<th>Name of the Employer</th>
<th>Post Held</th>
<th>From date</th>
<th>To Date</th>
<th>Total Experience</th>
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15. Expected remuneration per month (Rs)

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**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 in Zilla Swasthya Samiti, Nuapada (ZSS) Odisha is liable to be rejected/terminated. I also declare that I have never been disengaged under Health & Family Welfare Department, Govt. of Odish on administrative ground such as disobedience/Poor performance/misbehaviour/criminal activity etc.

Date :
Place :
Full Signature of the Applicant

**Note:**
The following documents are to be enclosed along with the application:
- a) Self attested photo copies of all documents in support of age, qualification, experiences etc.
- b) Two copies of passport size colour attested photograph. One copy of self attested photograph will however to affixed at the position in the application form.
- c) Self attested photocopy of Identity proof (Voter ID Card/PAN card/Driving License/Adhar card/Passport)
- d) The candidate needs to email the filled in and signed application to nhmnuapada@gmail.com.
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Memo No: 2930 /DPMU/NHM/19
Date: 12/12/2019
Copy to Joint Director (Advertisement), I & PR Department, Govt. of Odisha, Bhubaneswar with a request to publish the above advertisement in the leading newspapers (Two Odia Dailies & one English newspaper) for wide circulation and submit a copy to the undersigned for official record.

CDM & PHO, Nuapada

Memo No: 2931 /DPMU/NHM/19
Date: 12/12/2019
Copy to DIO, NIC, Nuapada for information and with a request to upload the softcopy of the advertisement along with application form posts for wide circulation and information of the candidates.

CDM & PHO, Nuapada