

**WALK IN INTERVIEW FOR ENGAGEMENT OF DOCTORS UNDER DMF TRUST, ANGUL**

A Walk-in-Interview will be held on **22/09/2021** at **11 A.M.** at District Training Unit, Angul for the post of **MBBS & Specialists** on contractual basis under District Mineral Foundation Trust for different Periphery Health Institution of Angul District for a period of 12 months subject to renewal as per the Attendance & Performance of the Doctors . The Interested Doctors (Retired/Fresh) may download Application Forms from website **www. angul.nic.in**. Also Interested Doctors are requested to come with original & photocopy of testimonials and valid Registration Certificate to the Walk in Interview. The Salary for the above posts will be finalized by the Collector & Chairperson –Cum- Managing Trustee, DMF, Angul. The undersigned reserves the right to accept or reject any or all the tender without assigning any reason thereof.

| SI No. | Category of Post                            | No of Post | Place of Posting               | Age              | Qualification              | Remarks |
|--------|---|------------|--------------------------------|------------------|----------------------------|---------|
| 1      | Specialist in Paediatric / O&G & Psychiatry | 3          | SDH Talcher                    | Maximum 70 years | Specialization (PG Degree) |         |
| 2      | MBBS  | 15         | As per vacancy (CHC & PHC (N)) | Maximum 70 years | Bachelor Degree            |         |

**Chief District Medical & Public Health Officer . Angul**

## Annexure-I

## APPLICATION FORM

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

| 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 date of walk-in-interview/counselling: |             |                          |                          |  |               |           |                    |
| 7. Present Contact Address:                         |             |                          | 8.Contact Telephone No.: |  |               |           |                    |
| Permanent Contact Address:                          |             |                          | Mobile No.:              |  |               |           |                    |
| 9.E-mail Address:                                   |             |                          |                          |  |               |           |                    |
| 10.Language spoken/written:                         |             |                          |                          |  |               |           |                    |
| 11. Professional Qualification details:             |             |                          |                          |  |               |           |                    |
| Sl. No.   | Exam Passed | Name of Board/University | Year of passing          | Marks (excluding 4 <sup>th</sup> optional) |               |           | Duration of course |
|   |             |                          |                          | Full Mark                                  | Marks secured | %of Marks |                    |
|   |             |                          |                          |  |               |           |                    |

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|--|--|--|--|--|--|--|--|
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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 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.

Date:

Place:

Full Signature of the Applicant

List of enclosure(s):-