



OFFICE OF THE CHIEF DISTRICT MEDICAL & PUBLIC HEALTH

OFFICER, SUNDARGARH

ଜିଲ୍ଲା ମୁଖ୍ୟ ଚିକିତ୍ସା ଓ ଜନସ୍ଵାସ୍ୟ ଅଧ୍ୟକାରୀଙ୍କ କାର୍ଯ୍ୟାଳୟ, ସୁନ୍ଦରଗଢ଼

Letter No. 3344

Date 26/6/23

To

**The District Informatics Officer,
National Informatics Centre (NIC)
Sundargarh**

**Sub: Walk in Interview for the Post of Contractual Medical Officer in UPHC under NUHM.
(ନ୍ୟୂନ୍ୟ ସାକ୍ଷାତକାର)**

Sir/ Madam,

With reference to the subject cited above, I am to request you for hoisting of “**Walk in Interview**” in the official website of Sundargarh District i.e. www.sundargarh.nic.in which may kindly be hoisted. The soft Copy of “**Walk in Interview**” & **Application form** is attached herewith.

This is for your kind information & necessary action.

Yours faithfully

**Chief District Medical & Public Health Officer
Sundargarh**

Memo No. 3345 /NHM/Sundargarh

Date 26/6/23

1. Copy submitted to the **Collector & District Magistrate -cum- Chairman, ZSS, Sundargarh** for favor of kind information.

2. Copy submitted to the **Mission Director, NHM, and Odisha** for favor of kind information.

**Chief District Medical & Public Health Officer
Sundargarh**



OFFICE OF THE CHIEF DISTRICT MEDICAL AND PUBLIC HEALTH OFFICER
DISTRICT PROGRAMME MANAGEMENT UNIT (NHM)
SUNDARGARH



Advt. No:- 334/23

Walk-in-Interview

Date:-26.06.2023

Walk-in-Interview will be conducted as scheduled below for filling up of the following vacant position under National Health Mission, Sundargarh on contractual basis with monthly remuneration as noted and subject to renewal as per the terms and conditions of OSH&FW Society, Sundargarh. The position is purely temporary and coterminous with the scheme.

SI	Name of the Post	Qualification	Age	Date of Walk in Interview	*Remuneration
1	Medical Officer (MO)	Passed MBBS degree from Institution recognized by NMC & having valid registration from OCMR	Upto 68 yr	26/7/23	Rs. 64,324/- + PI @ 25% on base

Interested candidates can log on to www.sundargarh.nic.in for details of vacancy, eligibility criteria, Age, Application Form, etc. Candidates fulfilling the eligibility criteria may appear for registration on the date as mentioned against the post. Registration timing will be from 10.00 A. M. to 11 A.M only on Walkin-Interview date. No application will be received after scheduled date & timing of registration. Venue: - Conference Hall of CDM & PHO, Sundargarh, Sundargarh- 770001, Odisha. The authority reserves the right to cancel this advertisement or modify the terms and conditions of this advertisement and the recruitment criteria at any stage of recruitment process without assigning any reason thereof.

Sd/-
Chief District Medical & Public Health Officer, Sundargarh

APPLICATION FORM

Advertisement No.				PHOTOGRAPH		
Name of the Post						
				Identity Proof No.		
1. First Name.	Last Name.					
2. Date of Birth:	3. Age as on 01/04/2022	4. District of Domicile:	5. Sex:			
6. Please mention if SC/ ST/ OBC:						
7. Present Contact Address:		8. Permanent Contact Address:				
9. Email Address:		10. Mobile No.:				
11. Languages spoken/written:						
12. Education: High school onwards, please list all your qualifications						
Exam Passed	Name of the Board / University	Year of Passing	Marks (excluding 4 th optional)			Full/Part Time/ Distance Learning
			Full Mark	Marks Secured	% of marks	



13. Employment Record:

Total years of post qualification experience :

Years of experience in OHS & FW Society :

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

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

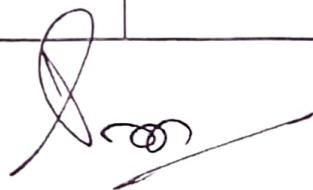
15 A. Current Employments:

From Month / Year	To Month / Year	Designation
Location of Employment:		

Description of duties:

15B. Previous Employment:

From Month / Year	To Month / Year	Designation
Location of Employment:		



Description of duties:

PAR Details Format (Only for employees working under OSH&FW Society):

Name of the Employee:

Present Designation:

Remarks in PAR of Preceding Three Terms of Contractual Service.

Reporting Period	Remarks in the PAR

16. Enclosure (pl. specify the list of the enclosure)

Declaration: I hereby declare that all the information furnished above are correct to the best of my knowledge

Date:

Signature of the Applicant

