



ZILLA SWASTHYA SAMITI, GAJAPATI
(Department of Health & FW, Govt. of Odisha)



Advt.No 5295 /DPMU/NHM/2023

Dt 29/7/2023

NOTICE

Applications are invited for the following position from in-house contractual employee of NHM working in the same post under OSH&FW society in other districts desiring to be posted in Gajapati district. The application shall have the length of uninterrupted contractual service of the employee in the said post under the society & the names of previous stations in such post, his/her present place of posting & category to which he/she belongs as per record (UR/SC/ST/SEBC/PWD/Women etc.) with due certification from the concerned authority. For the calculation of incumbency, the last uninterrupted service in the same post under the society shall be taken in to account. As per vacancies, the candidates having highest incumbencies shall be repositioned & posted against such vacancies.

Sl. No	Name of the Position	No of Vacancy
1	Psychologist-DEIC	1
2	Senior Treatment Supervisor (STS)-RNTCP	1
3	Ophthalmic Assistant	2

Interested in-house candidates are requested to apply in the prescribed format with NOC and certificate for last uninterrupted service in the same post under the society from the concerned CDM&PHO-cum-DMD. The application format & other details are available in the website www.gajapati.nic.in. The application should reach by **Regd/speed post** to the undersigned latest by dt 9.8.23 by 5:00 PM. No personal query will be entertained. Vacancies shown above are provisional and subject to change. Incomplete application in any forms is liable for rejection. The authorities reserve the right of accepting/rejecting any application and modify/cancel the advertisement without assigning any reason thereof.

-Sd-

Chief District Medical & Public Health Officer-Cum-DMD, Gajapati.



Application form for in-house Contractual Employees of NHM working in the same post under the OSH&FW Society in other Districts Desiring to be Posted in Gajapati District



1. Name of the post applied for: _____
2. Name of the Applicant : _____
3. Father' Name : _____
4. Date of Birth: _____
5. District of Domicile: _____
6. Gender: _____
7. Present Place of Posting: _____
8. Date of Joining in the same Post: _____
9. Name of Previous stations in such post :(Mention the name of the district)
 - Place of Posting _____ From _____ To _____
 - Place of Posting _____ from _____ To _____
10. Last Uninterrupted Contractual Service in the same post under the Society:
(Mention the name of the District)
 - Place of Posting _____ From _____ To _____
 - Place of Posting _____ From _____ To _____
11. Category (ST/SC/SEBC/UR): _____
12. Present Address : _____

13. Permanent Address: _____

14. Mobile Number : _____
15. Email ID: _____

Photograph

Enclosure:

- NOC with Continuation Certificate & Experience Certificate if any in same post under NHM Issued by Concerned CDM&PHO-cum-DMD.
- Recent passport size Photograph.
- Self attested copy of any identity Proof (Voter ID card/Aadhar Card/ DL/PAN card/ ETC).
- Self attested copy of all Academic Certificates & Mark Sheets in proof of the claim made by the candidate relating to his/her educational qualification.
- Copy of valid contract renewal order.

(Signature of the Applicant)

Declaration by the Candidate

I do hereby declare that the information furnished above are true to the best of my knowledge and belief and that, if any stage, it is found that any of the above material information is false/ incorrect or is suppressed by me, my candidature /appointment under odisha state Health & Family Welfare Society (OSH&FWS), Odisha is liable to be rejected / terminated.

(Full Signature of the Applicant)