



**OFFICE OF THE CDM&PHO-CUM- DISTRICT MISSION DIRECTOR, NHM, JHARSUGUDA**

District Programme Management Unit (DPMU), NHM, Dist Headquarter Hospital,

At: Malimunda, Post: OSAP Lane, Dist: Jharsuguda –PIN: 768204 (Odisha)

Phone : 06645- 273107, e-mail [dpmujha@nic.in](mailto:dpmujha@nic.in)

**Letter No. 2416 / NHM/HR-811 /23**

**Date: 17.08.2023**

To,

The Director, I & P.R. Dept,  
Lok Sampark Bhawan, Bhubaneswar  
e-mail: [ipr.advt@gmail.com](mailto:ipr.advt@gmail.com) / [iprenews@gmail.com](mailto:iprenews@gmail.com)

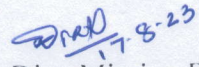
Sub: Publication of the advertisement.

Sir,

Please find here with the specimen copy of the advertisement for publication of the same in two nos. of highly circulated daily news papers (One time) by 19.08.2023 consuming minimum space and the bill as per I&PR rate along with a copy of the supplement may be sent to this office within 07 days for payment.

This is for favour of your kind information and necessary action.

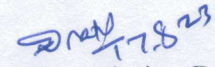
Yours faithfully,

  
CDM&PHO cum Dist. Mission Director,  
NHM, Jharsuguda

**Memo No. 2417 /HR/NHM/23**

**Date: 17.08.2023**

1. Copy to the DIO, NIC, Jharsuguda for information with a request to publish the same along with the enclosures (enclosed herewith) in the district website for information of the candidates.
2. Copy to the Section Officer, O/o the CDM & PHO, Jharsuguda for information and necessary action.
3. Copy to the DAM, NHM, Jharsuguda for information and necessary action.
4. Copy submitted to the Collector & DM, Jharsuguda for favor of kind information.
5. Copy submitted to the Mission Director, NHM, Odisha for favor of kind information.

  
CDM&PHO cum Dist. Mission Director,  
NHM, Jharsuguda





**ZILLA SWASTHYA SAMITI (ZSS), Jharsuguda**  
**Office of the CDM&PHO-cum- District Mission Director, NHM, Jharsuguda**  
**Advt. No. 2416 / NHM/HR-811/23      Date: 17 / 08 / 2023**

**NOTICE**

The contractual employees of NHM already engaged in the following posts under OSH&FWS in other districts and desiring to be posted in Jharsuguda district are hereby requested to attend the Walk-In-Interview on 25.08.2023 from 10 AM to 12.30 PM.

Sl. No.	Name of the Post	Vacancy
1	Medical Officer (DEIC & NCD)	2
2	MO AYUSH for Co-located CHC/PHC - Homeopathy	5
3	MO AYUSH for Co-located CHC/PHC - Ayurvedic	1
4	MO AYUSH Ayurvedic -RBSK-Male	1
5	MO AYUSH Ayurvedic-RBSK-Female	1
6	MO AYUSH Homeopathy-RBSK-Female	1
7	Finance & Logistic Asst.	1
8	Accountant / Block Accounts Manager	1
9	TBHV (NTEP)	1
10	Dental Technician (DEIC)	1
11	Social Worker (DEIC)	1

Interested in-house candidates of NHM are requested to attend the Walk-in-interview with the prescribed application format with NOC and experience certificate issued by the concerned CDM&PHO. Selection shall be made on the highest length of incumbency under the Society, as per the reservation category applicable, if any. The application format & other details can be downloaded from the district website: <https://jharsuguda.nic.in>. Applications received through mail / postal / courier etc. will not be considered. Vacancies shown above are provisional and subject to change during the time of selection / appointment. Incomplete application in any form is liable for rejection. **No personal query will be entertained.** The undersigned reserves the right to accept/reject any application and modify / cancel the advertisement without assigning any reason thereof.

Sd/-  
CDM&PHO- cum -District Mission Director,  
NHM Jharsuguda





**APPLICATION FORM FOR IN-HOUSE CONTRACTUAL EMPLOYEES OF NHM  
WORKING IN THE SAME POST UNDER THE OSH&FWS SOCIETY IN OTHER  
DISTRICT & INTERESTED TO BE POSTED IN JHARSUGUDA DISTRICT AGAINST  
VACANT POST**

1. Name of the Positions applied for .....
2. Name of the Applicant:.....
3. Father's Name.....
4. Date of Birth:.....
5. Category (UR/SEBC/ST/SC):.....
6. Present Address.....  
.....  
.....
7. Permanent Address .....
8. Telephone/Mobile No.....
9. E-mail id (If any).....
10. Present Place of Posting:.....
11. Date of Joining in the same Post.....
12. Names of previous station in such Post( mentioned the name of the district)
  - a. Place of Posting.....From.....to.....
  - b. Place of Posting.....From.....to.....
13. Last uninterrupted contractual service in the same post under Society.
  - c. Place of Posting.....From.....to.....
  - d. Place of Posting.....From.....to.....

**Affix Recent  
Pass Port  
size  
Colour  
Photograph**

**ENCLOSURE:**

- i. NOC with continuation certificate and Experience certificate if any in same post under NHM issued by concerned CDM&PHO.
- ii. Caste certificate issued by competent authority.

**DECLARATION**

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

Place: \_\_\_\_\_  
Date \_\_\_\_\_

(Full Signature of the candidate)