



ZILLA SWASTHYA SAMITI, MAYURBHANJ
DISTRICT PROGRAMME MANAGEMENT UNIT
NATIONAL HEALTH MISSION

Advt. No: 6422

Date- 21/11/2023

Walk-In-Interview

Walk-in-Interview will be conducted in the office of the undersigned for engagement in the following post under NHM, Mayurbhanj with monthly remuneration as noted below as per the norms & conditions under ZSS, Mayurbhanj.

S.N	Post & Age (as on dtd. 31.10.2023)	No. of Post	Place of Posting	Remuneration (in Rs.)	Eligibility Criteria & Preference	Date, Time & Venue of Walk-in- Interview
1	Medical Officer, (Contractual) NCD (Upto 68 years)	01	DHH, Baripada	Base remuneration Rs. 63,925/- PI maximum 25% of the base remuneration	MBBS degree recognised by Medical Council of India & with valid registration from the Odisha Council of Medical Registration Preference will be given to Candidates having post qualification experience in hospital will be preferred.	
2	Medical Officer, (Contractual), DEIC (Upto 68 years)	01	DEIC	Base remuneration Rs. 63,925/- PI maximum 25% of the base remuneration	MBBS degree recognised by Medical Council of India & with valid registration from the Odisha Council of Medical Registration Preference will be given to Candidates having post qualification experience in hospital will be preferred.	
3	Medical Officer (Contractual) (Upto 68 years)	04	UPHC Rairangpur, UHWC Rairangpur, Karanjia, Sunamuhin & Udala	Base remuneration Rs. 63,925/- PI maximum 25% of the base remuneration	MBBS degree recognised by Medical Council of India & with valid registration from the OCMR.	30.11.2023 at 10.30 AM onwards
4	Specialist in Paediatrics/ Medicine (Part Time) (Upto 70 years)	4 nos each	UPHC Murgabadi, Debendrapur, Tulasichaura	Rs. 1500/- per session (Maximum two session per day)	MBBS and PG in Paediatrics/ Medicine and valid registration from OCMR.	
5	Dental Technician, DEIC (Contractual) (Upto 40 years)	01	DEIC	Base remuneration Rs. 14,879 /- PI maximum 25% of the base remuneration	The candidate must have passed Diploma in Dental Technology (at least 2 years of course duration) from a recognized institutions/ University. The Institution should be recognized by Dental Council of India.	

The participants are required to arrive in the venue for registration by 10.30 AM. The eligible candidates should come prepared for Walk-in-Interview with the filled in Application form, 2 passport size photographs, original certificates for verification & self attested photocopies of all the certificates & proof of age. The Terms & conditions, application form can be downloaded from the website www.mayurbhanj.nic.in. The undersigned reserves the right to cancel the advertisement without assigning any reason thereof.

Sd/-

(Dr. Rupabhanu Mishra)
Chief District Medical & PHO, Mayurbhanj

TERMS & CONDITIONS

1. Contractual positions are for a period of 11 months, which can be extended depending upon requirement and satisfactory performance.
2. The applicant should submit the filled in prescribed application form along with self-attested documents as listed below.
3. Candidates have to submit "No Objection Certificate" if serving under any Govt./PSU/Society.
4. Applications incomplete in any respect or with irrelevant information will be rejected.
5. No personal query will be entertained by any means.
6. The application form need to be downloaded from www.mayurbhanj.nic.in and filled in the application form along with the other documents to be submitted.

CANDIDATES ARE REQUIRED TO ATTACH THE FOLLOWING DOCUMENTS ALONG WITH THE APPLICATION FORM.

1. Two recent passport size colour photographs duly pasted at the designated space.
2. Self attested photocopy of proof of Identity (Voter ID card / PAN card / Driving License / Aadhar Card /Passport).
3. No Objection Certificate (if any)
4. Post qualification experience Certificate (if any).
5. Physical fitness certificate.



APPLICATION FORM

NOTICE No.				PHOTOGRAPH		
Name of the Post applied for						
				Identity Proof No.		
1. First Name:		Last Name:				
2. Date of Birth:		4. District of Domicile:		5. Gender:		
6. Please mention if GEN/ SC/ ST/ SEBC/PWD/Women)		7. Marital Status (Married /Un Married):				
8. Present Contact Address:			9. Permanent Contact Address:			
10. Email Address:			11. Mobile No.:			
12. Languages spoken/written:						
13. 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	

Abm

14. Post qualification experience:-

Sl. No.	Name of the post	Name of the Organisation served	Address of the organisation	Period of work	
				From	To

Signature of the Applicant

DECLARATION & UNDERTAKING BY THE CANDIDATE

I do hereby declare that the information furnished above are true to the best of my knowledge & belief and if at any stage , it is found that any of the above information is false /incorrect or suppressed by me, my candidature / appointment is liable to be rejected / terminated.

Further, I undertake that I shall produce all original certificates / documents in support of the above information at the time of interview / certificate verification and any relevant certificate required on selection for the posts.

Date:

Place:

Full Signature of the Applicant

