



CITY HEALTH SOCIETY
National Urban Health Mission, Rourkela
National Health Mission, Odisha
Dept. of Health & Family Welfare, Govt. Of Odisha



Notice No : 559

Date: 03/03/25

Application are invited from contractual employees of NUHM **working in the same post** under OSH&FW Society in other District/City desiring to be posted in Rourkela City against the vacant post mentioned below.

Sl No	Name of the post	No. Of Vacancies
1	Data Assistant Cum Accountant	1 nos.

Interested eligible in-house candidates may log on to sundargarh.odisha.gov.in for details terms & Conditions and application form etc. and may apply to the post in the prescribed form to the "Office of the ADUPHO, ROURKELA, SUBDIVISIONAL HOSPITAL PANPOSH UCHC, ROURKELA, SUNDARGARH, ODISHA, PIN - 769004" on or before **18.03.2025 by 5.00 PM** through Regd. Post / Speed Post only. Application received after the due date and time will not be considered. The vacancy shown in advt. is provisional & subject to change as per requirement. Time to time notification regarding status of selection process will be web hoisted in district web site. The authority reserves the right to cancel any or all application without assigning any reason thereof. The office will not be responsible for any postal delay.

Sd/-

Addition District Urban
Public Health Officer, Rourkela

VS

**APPLICATION FORM FOR IN-HOUSE CONTRACTUAL EMPLOYEES OF NHM
WORKING IN THE SAME POST UNDER THE OSH&FW SOCTETY IN OTHER
DISTRICT/CITY DESIRING TO BE POSTED IN ROURKEAL CITY**

1. Name of the position applied for
2. Name of the Applicant:
3. Present Place of Posting:
4. Date of Joining in the same Post:
5. Name of previous station in such post:
(Mention the name of the City/district):
 - a. Place of posting From To.....
 - b. Place of posting..... From..... To.....
6. Last uninterrupted contractual service in the same post under the Society. (Mention the name of the City/district)
- a. Place of posting..... From..... To,.....
- b, Place of postingFromTo.....
7. Father's Name:
8. Date of Birth:
9. Category (Women/ST/SC/SEBC/UR)
10. Present Address
11. Permanent Address
12. Telephone No
13. Email ID:

Enclosure:

(1) NOC with continuation Certificate and Experience if any in same post under NHM issued by concerned CDM&PHO /ADUPHO

(2) Caste Certificate issued by Competent Authority:

(Signature of the Applicant)



Declaration by 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 materials information is false/incorrect or is suppressed by me, my candidature/appointment under OSH&FWS, Odisha is liable to be rejected/terminated.

(Signature of the Applicant)





APPLICATION FORM

Name of the applicant					Photograph		
Name of the District							
Name of the post							
Name of the City							
1. First Name:		Last Name:					
2 (i). Date of Birth:		2 (ii). Age as on (Publication of advertisement)			3. Sex:		
4. District of Domicile:		5. Please mention Category (SC/ST/OBC/UR):					
6. Present Contact Address:		7. Permanent Telephone No: (STD Code) Number					
Permanent Contact Address:		8. Present Telephone No: (STD code)			Office number -		
9. Email Address:		10. Mobile No.:					
11. Languages spoken/written:							
12. Computer Literacy:							
13. Education: High school onwards, please list all your qualifications							
Sl. No	Degree	Institute/Board & Location	Year	Marks			Full/Par t Time/ Distance Learning
				Full Mark	Marks Secured	%	
1							
2							
3							
4							

14. Employment Record:

Total years of post qualification experience : _____

Years of experience in the Development Sector /NGO : _____

Years of experience in Government : _____

15. 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 Employment

From Month / Year	To Month / Year	Name of Employer:	Nature of Business:

Designation: _____ Reporting to (Designation of supervisor): _____

Location of Employment: _____

15 B. Previous Employment

From Month / Year	To Month / Year	Name of Employer:	Nature of Business:

Designation: _____ Reporting to (Designation of supervisor): _____

Location of Employment: _____

15 C. Previous Employment

From Month / Year	To Month / Year	Name of Employer:	Nature of Business:

Designation: _____ Reporting to (Designation of supervisor): _____

Location of Employment: _____



16. References:

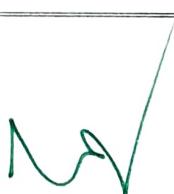
List two persons, not related to you, who are familiar with your experience and qualifications

Full Name, Address and Telephone No(s)	Designation, Organization & professional relationship

Any other relevant information:

I do hereby declare that the information furnished by me 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 or information is false/ incorrect or suppressed by me, my candidature/ appointment is liable to be rejected/ terminated. I also declare that I have never been disengaged from service previously on administrative ground such as disobedience/ poor performance/ misbehavior/ criminal activity etc.

Signature of the Applicant

A handwritten signature in black ink, appearing to read "N. A.", is placed at the end of the declaration line.

Note:

The following self attested documents are to be enclosed with application

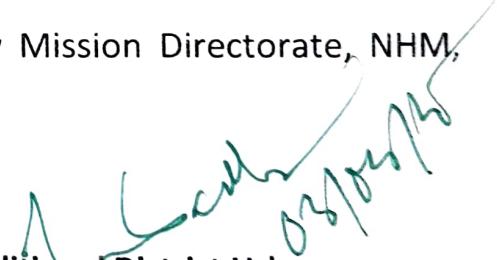
1. Self attested photo copies of all Mark sheets & Certificate in proof of the claim made by the candidate relating to his/her educational qualification, age & experience.
2. Two copies of passport size color photograph to be submitted along with the application. One copy of self-attested photograph will however to be affixed at the position in the application form.
3. Self attested photocopy of identity proof (Voter ID/PAN card/Driving license/Aadhar card or Passport).

In case of submission of incomplete application, including non-attachment or non-sub clearly name of the post applied for the candidate is liable to be rejected.

A handwritten signature in blue ink, appearing to read 'A. V.' followed by a checkmark.

Other Terms & Conditions:

- All Positions are Contractual in nature for a period of 11 months, which can be extending depending upon requirement and suitability.
- The application should reach to the undersigned on or before **18.03.2025 by 5.00 PM.** Through regd. Post/ Speed Post only. The application must be superscripted as "Application for the post of Data Assistant Cum Accountant (In House)" otherwise the application will be rejected. This office will not be responsible for any postal delay. Incomplete application in any form will be rejected.
- The criteria of selection shall be the highest length of incumbency under the society.
- Experience Certificate cum NOC to be submitted duly signed from appropriate authority.
- For the purpose of calculation of incumbency, the last uninterrupted service in the same post under the society shall be taken into account.
- The application Form needed to be downloaded from **sundargarh.odisha.gov.in** and filled in application form along with the colour passport size photograph, self attested photocopies of all relevant certificate and mark sheets shall be submitted by the applicant.
- No personal query will be entertained.
- Selection will be done as per the guideline stipulated by Mission Directorate, NHM, Odisha.



Additional District Urban
Public Health Officer, Rourkela



M.V.