

NOTICE

Empanelment of Physiotherapist Expression of Interest for Physiotherapy Service at AAM-PHC/AAM-SC level

Expression of interest is invited from individual for rendering fixed day Physiotherapy services at AAM-PHC/UHWC & Home visit physiotherapy service with a remuneration of Rs.750 per session (90 minutes) including conveyance (Up to 10 sessions in a week)

The minimum qualification, Age, Experience of empanelment of Physiotherapist are as follows:

Education: Bachelor of Physiotherapy

Age-Not more than 50 years at the time of joining

Candidate having the above required qualification and submit their application in nodal block concerned with prescribed application form and required documents on by 10th July 2025, 5.00 PM.

Application to be submitted at the nodal Institution.

Sl.No.	Nodal Institution	Sl.No.	Addl. Institution
1	PARLA	1	KOKSARA
		2	CHAPURIA
2	NARLA	1	KARLAMUNDA
		2	MRAMPUR
3	JUNAGARH	1	KALAMPUR
		2	JAIPATNA
		3	THRAMPUR
4	PASTIKUDI	1	BORDA

CDM&PHO,
Kalahandi

GENERAL INFORMATION & INSTRUCTIONS

1. The application can be downloaded from <https://kalahandi.odisha.gov.in/> Interested candidates fulfilling eligibility criteria may submit their application form to the office of the Block Public Health Officer. Incomplete application and documents in any form is liable for rejection.
2. The block level empanelment committee reserves the right of accepting/rejecting any application without assigning any reason thereof. The authority reserves the right to cancel the employment at any stage of the process without assigning any reason thereof.

(P.T.O)

3. The office of BPHO will not be held responsible for any delay in submission of application, no personal correspondence/queries will be entertained. All communication will be made in the office/through email/SMS
4. Candidate will be empanelled on the basis of selection process as applicable. The assigned health facilities will be finalised by the BPHO of concerned block.
5. If any candidate is found to have suppressed any material information or furnished false information/documents, his/her case shall not be considered for the post applied for and in case already engaged on the basis of the said information/documents, his/her empanelment shall be terminated. Candidates who have been disengaged earlier from the yoga instructor are not eligible to apply. Those who are already empanelled need not to apply for the same.

1 May 2025

CDM&PHO, Kalahandi

Application Form For the Post of Physiotherapist Empanelment

2. Name of the Individual :

2. Sex :

3. Date of Birth (dd/mm/yyyy) :

4. Age :

5. Address :

6. Contact Number :

7. E-mail Id :

8. Educational Qualification :

9. Work Experience (if any) :

10. Any recognition / award received:

11. Any other information :

Fixed recent
passport size
colour
photograph

Declaration

I (name of the candidate) certify that my answers are true kind complete to the best of my knowledge & belief. If this application leads to empanelment & subsequent opportunity to render Physiotherapy Services as per guideline, I understand that false or misleading information in my application or response may result in my disqualification.

Date :

Place :

Signature of the Candidate

Candidates are requested to attach the following documents along with the application form.

1. Self attested copies of all educational documents
2. Two recent passport size photograph
3. Self attested photocopy of any identity proof
4. No Objection Certificate if any
5. Post qualification experience certificate if any

Option for Placement of Physiotherapist (If Selected)

Sl. No.	Name of Block	Mark below against the name of the blocks from 1 to 5 as the choice of the blocks for empanelment (1 for 1 st Choice, 2 for 2 nd Choice and so on
1.		
2.		
3.		
4.		
5.		

Note:

1. The engagement of the part-time Yoga Instructor will be made in the PHC-HWC / UHWC / SC-HWC of the concerned block as per the available vacancy.
2. This choice list is to be used for placement of the eligible candidates as Part-time Physiotherapist but not binding on the District Health Administration.

Full Signature of the Candidate :

Name of the Candidate :

Address :

Contact Number :