



OFFICE OF THE CHIEF DISTRICT MEDICAL & PUBLIC HEALTH OFFICER  
CUM DISTRICT MISSION DIRECTOR, NHM, NUAPADA  
(DISTRICT PROGRAMME MANAGEMENT UNIT, NHM)  
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Letter No. 1791 DPMU/NHM/2025

Date 26.06.2025

**Empanelment of Physiotherapist**

**Expression of Interest for Physiotherapist Services at PHC-HWC/UHWC/SC-HWC level**


Expression of interest for one number of Physiotherapist is invited from individual for rendering Physiotherapy Services at PHC-HWC / UHWC / SC-HWC level of Nuapada district. Physiotherapy services include Fixed Day services at PHC HWC level and Home visits to Home bound / Bed ridden cases as per guidelines. The individuals will be paid session wise allowances (i.e. Rs 750/- per session) for giving defined services. TA/DA & other allowance will not be provided for any session. Per month 15 session will be conducted and out of them 10 sessions at Institution and 5 Session will be Home visit at PHC-HWC/ SC-HWC.

**The minimum Qualification, Age, Experience of empanelment of Physiotherapist is as follows:**

**Education** : Bachelor degree in Physiotherapy i.e. BPT (4 years 6 months duration including internship) from a recognized University with 55 percentage of mark of BPT.  
**Age** : No more than 50 years at the time of joining  
**Experience** : Minimum 6 month of experience is preferable but not necessary.

Candidate having the above required qualification may attend the Walk-in-Interview at Conference Hall, DHH, Nuapada with prescribed application form and required documents on dt. 10.07.2025 (Registration time 10.00 AN to 12.00 N). Please visit the website : <http://nuapada.odisha.gov.in> to download the application.


The undersigned reserves the right to cancel / reject any or all the application without assigning any reason thereof.

  
CDM & PHO cum DMD  
Nuapada

Memo No. 1792

Date 26.06.2025


Copy to the Notice Board of Collectorate, Nuapada/ CDM & PHO, Nuapada / DPMU, Nuapada / all BDOs, Nuapada / all BPMSU, NHM, Nuapada & all CHC Medical Superintendents for information and necessary action.

  
CDM & PHO cum DMD  
Nuapada

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Copy to the DEGM, Nuapada for information and necessary action with a request to up load the Notice along with applicant form in the Dist. website on dt 30.06.2025 to 10.07.2025 with heading of "Empanelment of Physiotherapist in PHC-HWC/ UHWC / SC HWC level of Nuapada district" for information of the prospective candidate to appear Walk-in-Interview on above schedule date and time.

  
CDM & PHO cum DMD  
Nuapada



## 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 :

Fixed recent  
passport size  
colour  
photograph

6. Contact Number :
7. E-mail Id :
8. Educational Qualification :
9. Work Experience (if any) :
10. Any recognition / award received:
11. Any other information :

### 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 mu 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 <sup>st</sup> Choice, 2 for 2 <sup>nd</sup> Choice and so on .....)
1.	Nuapada	
2.	Komna	
3.	Khariar	
4.	Sinapali	
5.	Boden	

**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 :

