



ZILLA SWASTHYA SAMITI, NUAPADA

OFFICE OF THE CHIEF DISTRICT MEDICAL & PUBLIC HEALTH OFFICER, NUAPADA
DPMU, NHM

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Phone: (06678)-223346

Adv. No: 1592 /DPMU/NHM/18

Date: 27/07/2018

REQUIREMENT OF YOGA INSTRUCTOR

Applications are invited for empanellment of Yoga Instructors for engaging them on part time basis in the proposed Health & Well Ness Centre. Interested Yoga Instructors with necessary qualification as mentioned below can download the application form from www.nuapada.nic.in and submit to CDM & PHO, Nuapada on or before **06.08.2018 by 5 P.M through Speed Post/Register Post or Can be submitted by hand in the office from 10 A.M to 5 P.M in all working day.** No application will be received beyond the scheduled date.

Minimum educational qualification: PG Diploma in Yoga or MA in Human Conscious & Yogic Science or MA in Yoga & Naturopathy or MA in Yogic Science or Certificate Course in Yoga.


Chief District Medical & Public Health Officer
cum District Mission Director, NHM, Nuapada

Memo No: 1593 /DPMU/NHM /18

Date: 27/07/2018

Copy to Collectorate, Nuapada/PD, DRDA, Nuapada/DIPRO, Nuapada/EO,NAC,Nuapada/DMO(Ms cum Superintendent), DHH, Nuapada/All BDOs, Nuapada/All MO I/c, CHCs, Nuapada for Information and they are requested to display the notice in their Notice board for wide circulation and information of the candidates.


Chief District Medical & Public Health Officer
cum District Mission Director, NHM, Nuapada

Memo No: 1594 /DPMU/NHM/18

Date: 27/07/2018

Copy to DIO, NIC, Nuapada for information and with a request to upload the softcopy of the advertisement along with application form for wide circulation and information of the candidates.


Chief District Medical & Public Health Officer
cum District Mission Director, NHM, Nuapada



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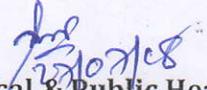
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Chief District Medical & Public Health Officer
cum District Mission Director, NHM, Nuapada



ZILLA SWASTHYA SAMITI, NUAPADA
Application form for Empalement of Yoga Instructor

Advertisement No		Photograph
Position	EMPANELLMENT OF YOGA INSTRUCTOR	
		Identity Proof No
1. Applicant Name:		
2. Father's Name :		
3. Date of Birth: (dd/mm/yyyy)	4. Sex:	5. District of Domicile:
6. Present Contact Address with Telephone No:		7. Permanent Contact Address:
8. Email Address:		9. Mobile No
10. Languages spoken/written:		
11. Professional Qualification : Tick at appropriate Place MA in Yogic Science /MA in Human Conscious & Yogic Science/ MA in Yoga & Naturopathy / PG Diploma in Yoga / Certificate Course in Yoga.		
12. Employment Records:		
1. Total years of experience in the profession :		
2. Present Place of working :		

Declaration: I do hereby declare that the information furnished above are true to the best of my knowledge and belief.

Date :

Place :

Full Signature of the Applicant

Note:

The following documents are to be enclosed along with the application:

- Self attested photo copies of all documents in support of age, Professional qualification, experiences etc.
- Two copies of passport size self attested photograph.
- Self attested photocopy of Identity proof (Voter ID Card/PAN card/Driving License/Adhar card/Passport)