



**ZILLA SWASTHYA SAMITI, NUAPADA**  
**OFFICE OF THE CDM & PHO CUM DMD, NUAPADA**  
**DPMU, NHM**

E-mail : nhmnuapada@gmail.com

Phone: (06678)-223908

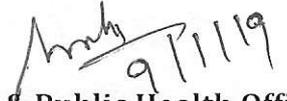
Advertisement No: 004 /DPMU/NHM/2019

Date: 9/1/19

Applications are invited from the Contractual employee of NHM working in the same post under the OSH & FW society in other district to fill up the following vacant posts.

Sl. No	Name of the post	No of Post Vacant
1	Physiotherapist	01
2	ANM/Staff Nurse-RBSK	01
3	Rehabilitation Worker (NCD)	03

Interested eligible candidates can log on to [www.nuapada.nic.in](http://www.nuapada.nic.in) for detailed post wise vacancy, terms and conditions, application format & selection procedure etc. Candidates fulfilling the eligibility criteria may apply in the prescribed format to CDM & PHO, Nuapada on or before **24.01.2019**. No application will be received beyond the scheduled date. The undersigned reserves the right to cancel any or all the applications / positions at any stage without assigning any reason thereof.

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



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**GENERAL INFORMATION AND INSTRUCTIONS**

- I. The above positions are purely temporary and co-terminus with the scheme. Canvassing in any form will render the candidate disqualified for the position.
- II. All positions are contractual in nature for a period of 11 months and can be extended based on Performance assessment.
- III. Interested candidates can log on to [www.nuapada.nic.in](http://www.nuapada.nic.in) for details of vacancy, application format etc. Candidates fulfilling the eligibility criteria may Submit their applications as per above schedule.
- IV. No application will be received after the scheduled date..
- V. The application should reach to the office of CDM & PHO, Nuapada on or before **24.01.2019** through Regd Post/ Speed Post Only. This office will not be held responsible for any postal delay.
- VI. The application must be super scribed with **name of the post applied for .....** Otherwise the application will be rejected. Incomplete application in any form will be rejected.
- VII. All Candidates have to submit **Experience Certificate, No Objection Certificate and Proof of last contract renewal** from CDM & PHO of concerned district, or else the application will be rejected.
- VIII. Selection will be made as per office order no **3418 dated 12.03.2018** of Mission Director, NHM, Odisha.
- IX. All communication will be made through e-mail / district website. No postal/personal correspondence will be made to the candidates at any state in any form. Candidates are required to visit district website: [www.nuapada.nic.in](http://www.nuapada.nic.in) at regular intervals for any notification, updates, results etc. relating to recruitment.
- X. Number of vacancies as mentioned under this advertisement may vary at the time of actual engagement.
- XI. The undersigned reserves the right to cancel any or all the applications / positions at any stage of recruitment process without assigning any reason thereof.

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



## ZILLA SWASTHYA SAMITI, NUAPADA APPLICATION FORM

Advertisement No				Photograph		
Post Applied for						
				Identity Proof No		
1. Applicant Name:						
2. Father's Name :						
3. Date of Birth:		4. Sex:	5. District of Domicile:			
6. Age as on 01.01.2019						
7. Please mention if SC/ ST/ OBC/GEN: ( Attach Caste certificate)						
8. Present Contact Address with Telephone No:			9. Permanent Contact Address:			
10. Email Address: (Mandatory)			11. Mobile No(Mandatory)			
12. Languages spoken/written:						
13. Computer Literacy: Mention all software(s) known/ used						
14. Education: High school onwards, please list all your qualifications						
Exam Passed	Name of Board & University	Year of passing	Marks ( excluding 4 <sup>th</sup> Optional)			Duration of Course
			Full Mark	Marks Secured	%	

1 5. Employment Record: ( Attach Experience and NOC )
Position Applied For:
Date of Appointment in the same Post (Attach appointment Letter)
Experience in the same post :
Present Contract Period : ( Attach Renewal Order)

**Declaration:** I do hereby declare that the information furnished above 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 information is false/incorrect or is suppressed by me, my candidature/appointment in Zilla Swasthya Samiti, Nuapada (ZSS) under OSH & FW, Odisha is liable to be rejected/terminated. I also declare that I have never been disengaged from service under ZSS/OSH & FW, Odisha on administrative ground such as disobedience/poor performance/misbehavior/criminal activity etc.

**Date :**

**Place :**

**Full Signature of the Applicant**

**Note:**

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

- a) Self attested photo copies of all documents in support of age, Caste, qualification, experiences etc.
- b) Two copies of passport size colour attested photograph. One copy of self attested photograph will however to affixed at the position in the application form.
- c) Self attested photocopy of Identity proof ( Voter ID Card/PAN card/Driving License/Adhar card/Passport)
- d) No Objection Certificate from concerned CDM & PHO & Proof of Contract renewal)