



ZILLA SWASTHYA SAMITI, NUAPADA
OFFICE OF THE CHIEF DISTRICT MEDICAL OFFICER, NUAPADA
(CORPUS FUND)

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Adv No: 1823 /DPMU/NHM/2019

Date: 2/8/19

REQUIREMENT OF SPECIALIST DOCTORS

in

O & G /Paediatrics/Medicine/Anaesthesia/Orthopedics/Surgery
Psychiatry/Skin & VD/TB & CD

Zilla Swasthya Samity, Nuapada invites applications from interested specialist doctors on Full Time/Part Time/Visiting basis under Corpus Fund. Interested specialist doctors can download the application format & vacancy details from www.nuapada.nic.in and can send their application along with all certificates to the undersigned by 18/08/2019 through Regd. Post /Speed post/ Courier only. For detailed enquiry interested specialist doctors can contact in 9439989988 /9439989500. **The remuneration for all the above category of post is provisionally fixed as Rs.1, 50,000/- which is negotiable.** The minimum age for all post is 21 years and maximum age limit is 68 years.


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

APPLICATION FORM

(Appointment of Specialists under Corpus fund ,Health & Family Welfare Department., Govt. of Odisha)

Advertisement No.		Photograph					
Post applied for		Identity Proof No.					
1.Applicant's Name:							
2.Father's Name:							
3. Date of Birth:		4.Sex:					
5. Age as on date of walk-in-interview/counselling:							
6. Present Contact Address:		7.Contact Telephone No.:					
Permanent Contact Address:		Mobile No.:					
8.E-mail Address:							
9.Language spoken/written:							
10.Professional Qualification details:							
Sl. No.	Exam Passed	Name of Board/University	Year of passing	Marks (excluding 4 th optional)			Duration of course
				Full Mark	Marks secured	%of Marks	

11. Employment Record:							
Total Years of post qualification Experience:							
12. Experience Details (starting from present/ last employment):							
Name of the Employer	Post Held	From Date	To Date	Total			
				Year	Month		
13. District of preference:							
14. Expected remuneration per month (Rs.):							

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 under Health & Family Welfare Department (OSH&FWS), Odisha is liable to be rejected / terminated. I also declare that I have never been disengaged under Health & Family Welfare Department, Govt. of Odisha on administrative ground such as disobedience / poor performances / misbehaviour / criminal activity etc.

Date:

Place:

Full Signature of the Applicant

Specialist Vacancy for Corpus Fund

Sl.No	Name of the Institution	Specialisation	No required
1	DHH, Nuapada	Orthopedics	1
2	DHH, Nuapada	Anesthesia	1
3	DHH, Nuapada	TB & CD	1
4	DHH, Nuapada	Skin & VD	1
5	DHH, Nuapada	Phychiatric	1
6	CHC , Khariarroad	Medicine	1
7	CHC , Komna	Pediatric	1
8	CHC , Komna	Medicine	1
9	CHC , Komna	Surgery	1
10	CHC , Komna	O & G	1
11	CHC , Bhella	Pediatric	1
12	CHC , Bhella	Medicine	1
13	CHC , Bhella	Surgery	1
14	CHC , Bhella	O & G	1
15	CHC, Khariar	Surgery	1
16	CHC, Khariar	Pediatric	1
17	CHC, Khariar	Anaesthesia	1
18	CHC , Sinapali	Pediatric	1
19	CHC , Sinapali	Medicine	1
20	CHC , Sinapali	Surgery	1
21	CHC , Boden	Pediatric	1
22	CHC , Boden	Medicine	1
23	CHC , Boden	Surgery	1


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