



OFFICE OF THE CHIEF DISTRICT MEDICAL & PUBLIC HEALTH OFFICER
CUM DISTRICT MISSION DIRECTOR, NHM, NUAPADA
NUAPADA, ODISHA, 766105



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Phone: (06678)-225908

Letter No: 3546 / DPMU/NHM/2020

Date: 7/10/20

ORDER

In pursuant to the advertisement no 2403/DPMU/NHM/20 dated 26.03.2020 of CDM & PHO, Nuapada referring to the order no 16705 dated 14.07.2020 of Additional Chief Secretary to Govt, H & FW Dept. Govt of Odisha & 13(Thirteen) candidates based on their merit as per list in **Annexure A** are engaged as ANM under CCH with the following terms and conditions

- The engagement will be on daily wage basis @Rs.850/ day for actual number of day of working in a month. The wages will be paid from the date of reporting at the place of engagement.
- The engagement of the candidate has will be considered subject to submission of the following documents at the time of joining .
 - A letter of reporting of joining addressed to CDM & PHO, Nuapada.
 - A copy of self attested valid ONC registration certificate.
 - Certificate of fitness from a competent authority of Govt Hospital.
 - A Declaration form in the format attached as **Annexure B**.
 - A Self Attested copy of this Order.
- The candidates have to report their joining **on or before 12.10.2020**, failing which the candidature will not be considered and no further claim will be entertained.
- The proposed place of engagement is mentioned in **column 5** of the Annexure A.
- If a candidate fails to produce any document/s at the time of joining her candidature will not be considered till submission of the said documents.
- The engagement is on short term contract basis till **30th October 2020**, which may be extended, if required.
- The engagement is purely temporary and can be disengaged at any point of time without assigning any reason thereof.
- During the period of engagement, the candidate is not allowed to take up any assignment with any other organization or person, whether paid or voluntary. This implies that they will work exclusively for COVID related activities.
- The candidates have to stay at the assigned place of posting on 24 x7 basis by their own arrangement. No other allowances will be admissible for the candidates.

7/10
CDM & PHO cum DMD
Nuapada

Memo. 3547 DPMU/NHM/2020

Dated 7/10/20

Copy to all ANM concerned (As per list in Annexure A) for information and necessary action. They are directed to report their joining on or before 12.10.2020 positively along with all documents mentioned above.

7/10
CDM & PHO cum DMD
Nuapada

Memo. 3548 DPMU/NHM/2020

Dated 7/10/20

Copy to DIO, NIC, Nuapada for information and necessary action. He is requested to upload the order along with the annexures in the district website for information of the candidates.

7/10
CDM & PHO cum DMD
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ANNEXURE – A

ENGAGEMENT OF ANM UNDER CCH FOR COVID RELATED ACTIVITIES

Sl.No	Name of the Candidate	Address	Merit	Proposed place of deployment	BLOCK
1	2	3	4	5	6
1	Manjari Bag	Jamgaon, Boirgaon, Boden , Nuapada	Merit 140	KHARIAR CHC	KHARIAR
2	Kriti Chandrakar	Kadomeri, Bisora, Nuapada	Merit 141	NAC, KHARIARROAD	NUAPADA
3	Itishree Sahu	Saliha, Nuapada	Merit 142	AMSENA SC	NUAPADA
4	Kadambini Chandrakar	Beltukri, Nuapada	Merit 143	BIROMAL SC	NUAPADA
5	Madhuri Parua	Bhairajpur, Birighat, Duajhar, Nuapada	Merit 144	DHANKSAR SC	KHARIAR
6	Kulalaxmi Bag	Singhjhar, Sinapali Nuapada	Merit 145	AMANARA SC	NUAPADA
7	Swetambari Sahu	Paraskhol, Nuapada	Merit 146	NAC, NUAPADA	DHH, NUAPADA
8	Manjushree Dandsena	Nehena, Khariar Nuapada	Merit 147	PENDRAWAN SC	KOMNA
9	Kiran Kaibarta	Hanspuri, Godful Nuapada	Merit 148	NAC, NUAPADA	DHH, NUAPADA
10	Astamee Kaibarta	Badi, Khariar Nuapada	Merit 149	PARKOD SC	NUAPADA
11	Mamata Bag	Jamkhunta, Sindekela, Bolangir	Merit 150	MOTANUAPADA SC	NUAPADA
12	Arati Naik	Khasbahal, Khariar Nuapada	Merit 151	KULIABANDHA SC	NUAPADA
13	Tulsha Padhan	Bhalupia, Gajabahal, M. Rampur, Kalahandi	Merit 152	SUNABEDA SC	KOMNA


CDM & PHO cum DMD
Nuapada



ANNEXURE - B

DECLARATION FORM

Name of the Candidate:

Father/Husband name:

Address: At: _____ PO _____ PS _____ Dist _____

Age: _____ yrs _____ months

Sl. No in the Merit list : _____.

Marital Status: Married / Unmarried

I do hereby declare that the following status for information and necessary future reference.

- i. If Married – Are you pregnant (Yes/No) _____.
- ii. If Yes: EDD _____ . (Attach a copy of MCP Card/ Prescription from doctor)
- iii. Co- morbid conditions for COVID 19
 - a. Cancer – Yes/No
 - b. Chronic Kidney diseases – Yes/No
 - c. Diabetes – Yes/No
 - d. Hypertension – Yes/No
 - e. Cardiovascular diseases – yes/No
 - f. Tuberculosis – Yes/No
 - g. Have you suffered from Malaria in last one month – Yes/No
 - h. Do you have Asthma – Yes/No
 - i. Are you suffer from Sickle cell Disease – Yes/No
 - j. Any other disease – Please mention _____.

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 information given above is false/incorrect or is suppressed by me, I will be held responsible and I will not claim any compensation in any form to the govt.

Date _____

Place _____

Full Signature of the Candidates