

**OFFICE OF THE CHIEF DISTRICT MEDICAL & PUBLIC HEALTH OFFICER, KEONJHAR
(ZILLA SWASTHYA SAMITI, KEONJHAR)**

Advt. Lt. No. ~~2867~~...

NOTICE

Date..17.06.2019..

Applications are invited from the contractual employees of NHM already engaged in the following posts under OSH&FWS in other districts and interested to be posted in Keonjhar district.

Sl. No.	Name of the post	No. of Vacancy	Category
I	AYUSH MO (RBSK-MHT)	Female-06	Ayurvedic-03, Homeopathic-03

Interested in-house candidates of NHM are requested to apply in the prescribed format with NOC and experience certificate issued by concerned CDM&PHO. Selection shall be made on the highest length of incumbency under the Society, as per the reservation category applicable if any. The application format & other details can be obtained from the district website i.e. www.kendujhar.nic.in and the application should reach to the office of the Chief District Medical & Public Health Officer, Keonjhar-758001 by dt.05.07.2019 (up to 05.00 PM) through Regd/Speed Post only. Applications received after due date will not be considered. Vacancies shown above are provisional and subject to change during the time of Appointment. Incomplete application in any form is liable for rejection.

The undersigned reserves the right to accept/reject any application and modify/cancel the advertisement without assigning any reason thereof.

Sd/-Chief District Medical & Public Health Officer, Keonjhar


Chief District Medical & Public Health Officer,
Keonjhar



Application Form for in-house contractual employees of NHM working in the same post under the OSH&FWS Society in other districts interested to be posted in Keonjhar District against vacant post.



1. Name of the positions applied for:.....
2. Name of the Applicant:.....
3. Father's Name:.....
4. Date of Birth :.....
5. Category (UR/SEBC/ST/SC):.....
6. Present Address:.....
.....
.....
7. Permanent Address :.....
.....
.....
8. Telephone/Mobile No.
9. E-mail id (if any) :
10. Present Place of Posting:.....
11. Date of Joining in the same post:.....
12. Names of previous stations in such post: (mention the name of the district)
 - a. Place of Posting.....From.....To.....
 - b. Place of Posting.....From.....To.....
13. Last uninterrupted contractual service in the same post under the Society:
(Mention the name of the district)
 - a. Place of Posting.....From.....To.....
 - b. Place of Posting.....From.....To.....

Affix Recent
Passport Size
Colour
Photograph

Enclosure :

- NOC with continuation Certificate and Experience certificate if any in same post under NHM issued by concerned CDM&PHO.
- Caste Certificate issued by Competent Authority.


DECLARATION

I do hereby declare that the information furnished above are true to the best of my knowledge and belief and that, if any stage, it is found that any of the above material information is false/incorrect or suppressed by me, my candidature/appointment under Odisha State Health & Family Welfare Society (OSH&FWS),Odisha is liable to be rejected/terminated.

Place:

Date:

(Full Signature of the Candidate)


17.6.19
Chief District Medical & Public Health Officer
Keonjhar