

OFFICE OF THE CHIEF DISTRICT AND PUBLIC HEALTH OFFICER; JHARSUGUDA

Advt. No. 4360 / NHM / Jharsuguda

Dtd. 27/06/2018

Applications are invited from the contractual employees of NUHM who are already engaged in the following posts under OSH & FWS in other districts and desiring to be posted in Jharsuguda

ADVERTISEMENT

Sl. No.	Name of the Post	Vacant
1	Medical Officer-in-charge	2 (UR)

Interested in-house candidates of NUHM 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 www.jharsuguda.nic.in and the application should reach to the office of the undersigned by dt-09.07.2018 (Up to 5 P.M) 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 selection / 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 and Public Health Officer, Jharsuguda



APPLICATION FORM FOR IN-HOUSE CONTRACTUAL EMPLOYEES OF NUHM WORKING IN THE SAME POST UNDER THE OSH&FW SOCIETY IN OTHER DISTRICTS DESIRING TO BE POSTED IN JHARSUGUDA DISTRICT

1. Name of the position applied for:
2. Name of the Applicant:
3. Present Place of Posting:
4. Date of Joining in the same Post:
5. 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
6. 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
7. Father's Name:
8. Date of Birth:
9. Category (ST/SC/SEBC/UR):
10. Present Address:
.....
11. Permanent Address:
.....
12. Contact No:
13. Email Id:

Enclosure:

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

(Signature of the Applicant)

Declaration by the Candidate

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 is suppressed by me, my candidature/appointment under Odisha State Health & Family Welfare Society (OSH&FWS), Odisha is liable to be rejected/terminated.

Full Signature of the Applicant