



**ZILLA SWASTHYA SAMITI (ZSS), Jharsuguda**  
**Office of the CDM&PHO-cum- District Mission Director, NHM, Jharsuguda**

**Advt. No. 13936 / NHM/HR-742/21**

**Date: 31 / 12 / 2021**

**NOTICE**

The contractual employees of NHM who are already engaged in the following posts under OSH&FWS in other districts and desiring to be posted in Jharsuguda district are hereby requested to submit their application form through e-mail ([dpmunhmjha@gmail.com](mailto:dpmunhmjha@gmail.com)) only by 5.00 PM of **15.01.2022.**

Sl. No.	Name of the Post	Vacancy
1	Cold Chain Technician(CCT)	1
2	Social Worker (DEIC)	1
3	MO AYUSH PHC - Ayurvedic	1
4	MO AYUSH CHC / PHC - Homeopathy	4

Interested in-house candidates of NHM are requested to submit their application form in the prescribed format with NOC and experience certificate issued by the concerned CDM&PHO. Selection shall be made on the highest length of incumbency under OSH&FW Society, as per the reservation category applicable for the post mentioned at Sl. No. 3 & 4 if any. The application format & other details can be obtained from the district website: [jharsuguda.nic.in](http://jharsuguda.nic.in) . Applications received other than the e-mail id 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. No personal query will be entertained. The undersigned reserves the right to accept/reject any application and modify / cancel the advertisement without assigning any reason thereof.

**Sd/- Dr. Dolamani Patel,**  
**CDM&PHO, cum District Mission Director, Jharsuguda**



**APPLICATION FORM FOR IN-HOUSE CONTRACTUAL EMPLOYEES OF NHM  
WORKING IN THE SAME POST UNDER THE OSH&FWS SOCIETY IN OTHER  
DISTRICT & INTERESTED TO BE POSTED IN JHARSUGUDA 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 station in such Post( mentioned 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 Society.
  - c. Place of Posting.....From.....to.....
  - d. Place of Posting.....From.....to.....

**Affix Recent  
Pass Port  
size  
Colour  
Photography**

**ENCLOSURE:**

- i. NOC with continuation certificate and Experience certificate if any in same post under NHM issued by concerned CDM&PHO.
- ii. Caste certificate issued by competent authority.

**DECLARATION**

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

Place: \_\_\_\_\_  
Date \_\_\_\_\_

**(Full Signature of the candidate)**