



ZILLA SWASTHYA SAMITI, KORAPUT
DISTRICT PROGRAMME MANAGEMENT SUPPORT UNIT
NATIONAL HEALTH MISSION



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Letter No: 4459 /NHM/2018

Date: 27/08/18

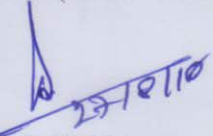
EXPRESSION OF INTEREST

Office of the Chief District Medical & Public Health Officer, Koraput invites Expression of Interest from interested Specialists (Consultants) / Retired Specialists for "Engagement as part time specialist" for UPHCs under Koraput District. The required specialists are from O &G, Pediatrician, Medicine/Skin-VD/EYE/ENT & Dental, Yoga Teacher.

Interested (Consultants) / Retired Specialists may submit their Expression of Interest with all the necessary documents in a sealed cover, Superscribed with "Expression of Interest for Engagement as _____ Part Time Specialist" by Speed Post/Regd. Post/Courier on or before 05th September 2018 by 05:00 PM.

Application Address: - Office of the CDM&PHO, Jail Road, Koraput, Pin: 764020, Email: nuhm.koraput@gmail.com.

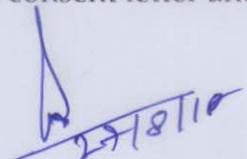
Documents Required: - Self Attested Photocopies of the following documents:
1. Age Proof, 2. Address Proof, 3. Qualification Proof, 4. Self certification of non Engagement in govt. or public sector, 5. Bank account number (IFSC Code, Xerox copy of front page of bank pass book or a cancelled cheque.)


CDM & PHO cum

District Mission Director, Koraput

Terms and Conditions

1. The Specialist may provide service 2 sessions in a week.
2. He /She may serve more than one UPHC if required.
3. The Honorarium for the specialist will be Rs.1250/- per session and subject to change as per revisions time to time.
4. The Honorarium to Yoga Teacher @Rs. 300/- per session (90 Min) will be paid.
5. There UPHC functions in the Morning 8 am to 11 pm & Evening: - 05 pm to 8pm
6. Engagement may be offered at any time on receipt of consent letter and the consultant should be prepared accordingly.
7. First come first serve will be the policy.


CDM & PHO cum

District Mission Director, Koraput

APPLICATION FOR EMPANELMENT OF PART TIME SPECIALIST (_____)

1. Name of the Candidate : _____
2. Father's Name : _____
3. Sex : _____
4. Nationality : _____
5. Communication Address : _____
6. Permanent Address : _____
7. Telephone Number : _____
8. E mail : _____
9. Date of Birth(Copy of the Proof) : _____
10. Qualification(Copy of the Proof) : _____
11. Present Position : _____
12. Name of the UPHC in Choice : (UPHC Koraput/Jeypore LR/Jagadhatripur/Sunabeda)
 - a. Option 1 : _____
 - b. Option 2 : _____

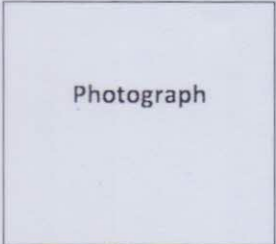



**CDM & Public Health Officer,
Koraput**

Signature:
Date:

Application form for Empanelment of Yoga Instructor

Advertisement Number :
Name of the Applicant :
Sex :
Date of Birth (dd/mm/yyyy) :
Father's/Husbands Name :
Present Address :



Permanent Address :

Mobile Number :

E-mail Address :

Language known :

(Both read & write)

Professional Qualifications : Tick at appropriate place

M.A. in Yogic Science/ M.A. in Human conscious & Yogic science/P.G.

Diploma in Yoga/ Certificate course in Yoga

Employment Records :

1. Total years of experience in the profession
2. Present place of working :

Name of the UPHC in Choice: (UPHC Jeypore LR/ Badajiuna PHC/Murtahandi PHC)

- a. Option 1 :
- b. Option 2 :

Declaration

I do hereby declare that the information furnished above are true to the best of my knowledge and belief.

Date:

Place:

Full Signature of the Applicant

List of enclosure(s):-

Note:

The following documents are to be enclosed along with the application:

- a. Two copies of passport size colour self attested photographs.
- b. Self-attested photocopies of documents in support of age, professional qualification, experience etc.
- c. Self-attested photocopy of Identity Proof (Voter ID card / PAN card /Driving License/Adhaar Card etc.)


**CDM & Public Health Officer,
Koraput**