

**OFFICE OF THE CHIEF DISTRICT MEDICAL & PUBLIC HEALTH OFFICER CUM  
DISTRICT MISSION DIRECTOR, DPMU NHM, KORAPUT**

Advt. No. 264 DPMU/NHM/KPT/2023

Date: 01/02/2023

**NOTICE FOR IN-HOUSE SELECTION UNDER NHM KORAPUT**

Applications are invited from the contractual employees currently working under NHM in the same post of OSH & FW society in other district, desiring to be posted in KORAPUT District against the vacant positions on contractual Basis for a period of 11 months under NHM, O/o CDM & PHO, KORAPUT as mentioned below.

| Sl. No. | Name of the Positions                    | No. of Positions Vacant   | In-House selection  |
|---------|--|---|---|
| 1       | AYUSH (Male),<br>Ayurvedic (RBSK)        | 05<br>(ST-03, SC-01, UR-01)   | <p align="center"><b>In-House Selection</b><br/>from the contractual<br/>employees currently<br/>working under NHM in<br/>the same post of OSH &amp;<br/>FW society</p> |
| 2       | AYUSH (Female),<br>Ayurvedic (RBSK)      | 08<br>(ST-02, SEBC-01, UR-05)   |   |
| 3       | AYUSH (Female),<br>Homoeopathy<br>(RBSK) | 05<br>(ST-01, SEBC-01, UR-03)   |   |
| 4       | AYUSH (Male),<br>Homoeopathy<br>(RBSK)   | 04<br>(SC-01, UR-03)  |   |
| 5       | MO Pediatrician<br>(DEIC)                | 01  |   |
| 6       | Pharmacist, MHT<br>RBSK                  | 12<br>(ST Male-03, SC Male-02, SEBC Male-01, UR<br>Male-03, UR Female-03) |   |
| 7       | ANM/Staff Nurse,<br>MHT RBSK             | 16<br>(ST Female-04, SC Female-02, SEBC Female-03,<br>UR Female-07)       |   |
| 8       | VBDTS-NVBDCP                             | 02  |   |
| 9       | Office Assistant,<br>DPMU                | 01  |   |

The above positions are purely temporary and co-terminus with the scheme. Canvassing in any form will render the candidate disqualified for the position. Interested candidates fulfilling the criteria can log on to the Koraput district official website: [www.koraput.nic.in](http://www.koraput.nic.in) for details of vacancy, eligibility criteria, Application Forms and other terms and conditions etc. They can apply to the Chief District Medical & Public Health Officer, At/Po- Koraput (Jail Road), Dist- Koraput, PIN-764020 through Speed Post/Regd. Post/Courier only and the last date of submission of filled in application is on or before 17.02.2023 by 05 pm. The envelope containing the application should be superscribed clearly with the "APPLICATION FORM FOR THE POST OF <NAME OF THE POST> AS IN-HOUSE CANDIDATE"....., otherwise the application will be invalid and summarily rejected. Number of vacancies under this Advertisement is provisional which may increase or decrease depending upon the requirement at the time of selection. The candidates are requested to log on district website of Koraput ([www.koraput.nic.in](http://www.koraput.nic.in)) regarding notification of selection process/Shortlisted candidates/Updated result/ notification etc. The undersigned reserves the right to cancel / reject any or all the applications without assigning any reason thereof.

  
 Chief District Medical & PHO cum DMD, Koraput

**General Information and Instructions:-**

- i. Interested candidates having the requisite qualification and experience may apply to the Chief District Medical & Public Health Officer, At/Po- Koraput (Jail Road), Dist- Koraput, PIN-764020 through Speed Post/Regd. Post/Courier only and the last date of submission of filled in application is **17.02.2023** by **05 pm**..The envelope containing the application should be superscribed clearly with "**APPLICATION FORM FOR THE POST OF <NAME OF THE POST> AS IN-HOUSE CANDIDATE**".....otherwise the application will be invalid and summarily rejected. No application will be received after scheduled date & time. This office will not be held responsible for any postal delay.
- ii. Candidates are required to submit filled in application in prescribed format available in the official website : [www.koraput.nic.in](http://www.koraput.nic.in) and attach a set of self attested photocopies of the certificates/documents in support of age, qualification and experience, Residence, Caste, two recent passport size colour photographs and self photo ID proof (Voter ID card /PAN card / Driving License /Aadhar Card /Passport). Incomplete application in any form will be rejected. No further supplementation, addition of document for any submitted application will be entertained.
- iii. The above positions are purely temporary and co-terminus with the scheme. Canvassing in any form will render the candidate disqualified for the position.
- iv. Candidates must submit the valid Residence Certificate and valid Caste Certificate as per norm.
- v. Details of vacancy, eligibility, ToR, age, application form etc. can be downloaded from the official website : [www.koraput.nic.in](http://www.koraput.nic.in)
- vi. Candidates, who are already working in Health Department either on regular or on contractual basis, have to submit **No Objection Certificate** from concerned employer at the time of submission of application, without which their applications will be rejected.
- vii. If any candidate is found to have suppressed any material information or furnished false information / documents, his/her case shall not be considered for the post applied for and in case already engaged on the basis of the said information / documents, his/her service shall be terminated from the Society forthwith. Candidates who have been disengaged earlier from the OSH&FW Society on administrative ground such as disobedience / poor performance/ misbehaviour/ criminal activity etc. are not eligible.
- viii. No personal correspondence / queries will be entertained. All communication will be made through email / official website /Notice Board.
- ix. The panel for above positions shall also remain valid for similar post / in other programmes under NHM ambit with same educational qualification and same remuneration, as will be decided by the Society.
- x. The undersigned reserves the right to cancel any or all the applications / positions at any stage of recruitment process without assigning any reason thereof.
- xi. The list of Shortlisted candidates/Updated result/ notification will be published in the website : [www.koraput.nic.in](http://www.koraput.nic.in)

  
Chief District Medical & PHO cum DMD,  
Koraput.

# APPLICATION FORM FOR IN-HOUSE SELECTION UNDER NHM, KORAPUT

| Advertisement No.                        |             |                            |                           |                                |                            | Photograph         |                    |
|--|-------------|----------------------------|---------------------------|--------------------------------|----------------------------|--------------------|--------------------|
| Name of the Post Applied for             |             |                            |                           |                                |                            |                    |                    |
|  |             |                            |                           |                                |                            | Identity Proof No. |                    |
| 1. Applicant Name :                      |             |                            |                           |                                |                            |                    |                    |
| 2. Father's Name :                       |             |                            |                           |                                |                            |                    |                    |
| 3. Date of Birth :                       |             |                            | 4. District of Domicile : |                                | 5. Sex :                   |                    |                    |
| 6. Age as on 01.02.2023                  |             |                            |                           | 7. Caste :                     |                            |                    |                    |
| 8. Present Contact Address :             |             |                            |                           |                                | 9. Contact Telephone No. : |                    |                    |
| Permanent Contact Address :              |             |                            |                           |                                | Mobile No.                 |                    |                    |
| 10. Email Address :                      |             |                            |                           | 11. Regd. No.                  |                            |                    |                    |
| 12. Language spoken/written :            |             |                            |                           |                                |                            |                    |                    |
| 13. Professional Qualification details : |             |                            |                           |                                |                            |                    |                    |
| Sl. No.                                  | Exam Passed | Name of Board / University | Year of Passing           | Marks (excluding 4th Optional) |                            |                    | Duration of Course |
|  |             |                            |                           | Full Mark                      | Marks Secured              | % of Marks         |                    |
|  |             |                            |                           |                                |                            |                    |                    |
|  |             |                            |                           |                                |                            |                    |                    |
|  |             |                            |                           |                                |                            |                    |                    |
|  |             |                            |                           |                                |                            |                    |                    |
|  |             |                            |                           |                                |                            |                    |                    |
|  |             |                            |                           |                                |                            |                    |                    |
|  |             |                            |                           |                                |                            |                    |                    |
|  |             |                            |                           |                                |                            |                    |                    |

  
**CDM & Public Health Officer**  
**Koraput**

## 14. Employment Record :-

Total years of post qualification experience :-

## 15. Experience Details (Starting from present / last employment:-

| Name of the Employer | Post Held | From Date | To Date | Total |       |
|----------------------|-----------|-----------|---------|-------|-------|
|                      |           |           |         | Year  | Month |
|                      |           |           |         |       |       |
|                      |           |           |         |       |       |
|                      |           |           |         |       |       |
|                      |           |           |         |       |       |
|                      |           |           |         |       |       |
|                      |           |           |         |       |       |

Declaration: 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 material information is false / incorrect or is suppressed by me, my candidature / appointment under Odisha State Health & Family Welfare Society (OHS&FWS), Odisha is liable to be rejected / terminated. I also declare that I have never been disengaged from service under the OSH&FWS, Odisha on administrative ground such as disobedience / poor performances/ misbehavior / criminal activity etc.

Date :

Place :

Full Signature of the  
Applicant

## List of Enclosure(s):

| Sl. No. | Name of the Document/Certificate | Enclosed in Page No. |
|---------|----------------------------------|----------------------|
| 1       |                                  |                      |
| 2       |                                  |                      |
| 3       |                                  |                      |
| 4       |                                  |                      |
| 5       |                                  |                      |
| 6       |                                  |                      |
| 7       |                                  |                      |
| 8       |                                  |                      |
| 9       |                                  |                      |
| 10      |                                  |                      |

Note :

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

- Two copies of passport size colour self attested photographs. One copy of self attested photograph will however to affixed at the position in the application form.
- Self attested photocopies of documents in support of age, qualification, experience, Residence Certificate, Caste Certificate and others as per requirement.
- Self attested photocopy of Identity Proof (Voter ID card / PAN Card / Driving License /Aadhar Card / Passport).

CDM & Public Health Officer  
Koraput