

OFFICE OF THE CHIEF DISTRICT MEDICAL & PUBLIC HEALTH OFFICER, KORAPUT
No 4363 /2023-CORPUS Fund dated Koraput the 21.8.2023
EXPRESSION OF INTEREST

Expression of interest is hereby called for by way of applications by Registered or Speed Post for engagement of Dental Surgeon on contract basis under Zilla Swasthya Samiti of the district (out of Corpus Fund) details of which mentioned below.

Sl. No.	Description	
1	Category of post	Dental Surgeon
2	No of posts to be engaged now	01
3	Eligibility	(a) BDS from recognized University. (b) At least 3 (three) years experience from any Govt. Health Institutions of the State.
4	Age	Not exceeding 60 Years as on 01.09.2023
5	Last date of submission of Bio data.	6th September 2023 along with the following documents. 1. Valid Odisha State Dental Council Registration Certificate. 2. BDS Pass out certificate with mark sheet. 3. HSC or equivalent Certificate in support of Date of Birth 4. Experience Certificate of regular working. (Higher education cannot be treated as experience) In case of non availability of experience candidates from Govt. institutions, candidates with shorter experience from private/ corporate hospitals can be considered. 5. Fitness Certificate from any Asst. Surgeon.
6	Selection Criteria	1. Length of experience – 10% (2% for each year of experience from any Govt. Medical Institution of Odisha-Max-10%) 2. Carrier Marking- 70% (50 % Qualifying + 20% pre qualifying) 3. Viva- 20% 4. In case of same score senior by age will get preference.
7	Remuneration per month	Rs.55,000/- (Fifty five thousand)

The appointment is purely contractual in nature and not against any regular vacancy. So the applicants should be sure that it will never be regularized under any condition. The constitution of the programme depends on requirement and availability of fund which may lead to termination of the agreement unilaterally without showing any cause. However extension(s) can be made on mutual satisfaction & performance.

The authority has the right to cancel the advertisement without showing any reason thereof.

Chief Dist. Medical & Public Health Officer,
Koraput.

ZILLA SWASTHYA SAMITI, KORAPUT
OFFICE OF THE CHIEF DISTRICT MEDICAL & PUBLIC HEALTH OFFICER, KORAPUT.

APPLICATION FORM FOR THE POST OF DENTAL SURGEON

Advertisement No.		Photograph	
Post applied for			
Aadhar Card No.			
1. Applicant Name			
2. Father's Name			
3. Husband's Name (In case of married)			
4. Date of Birth		5. Age as on 01.09.2023	
6. Sex		7. District of Domicile	
8. Permanent address			
9. Present address for correspondence			
10. E mail address		11. Mobile No.	
12. Language spoken		13. Odisha Dental Council Registration No.	

14. Education: Please list all your qualification.						
Exam Passed	Name of the Board & University	Year of passing	Marks			Remarks if any
			Full Mark	Mark Secured	%	
HSC & equivalent						
CHSC & equivalent						
BDS						

15. Years of experience in Government.					
Name of the Govt. Hospital of Odisha	Post Held	Form date	To date	Total Experience	
				Year	Month
	Dental Surgeon				

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 in Zilla Swasthya Samiti, Koraput is liable to be rejected/ terminated. I also declare that I have never been disengaged from service from the Medical Institutions under H & F.W. Department, Odisha on administrative ground such as disobedience/ poor performance/ misbehavior/ criminal activity etc.

Date :

Place:

Full Signature of the Applicant.

(Required documents like self attested educational qualification with mark sheet, experience certificate, Xerox copy of OSDC Registration, Xerox copy of Aadhar card, Pan Card, Pass Post Size Photograph etc. are to be enclosed along with the application.

SD/-

Chief District Medical & Public Health Officer, Koraput.