Advino-471/Date: 24:08.2020



ZILLA SWASTHYA SAMITI, MAYURBHANJ DISTRICT PROGRAMME MANAGEMENT UNIT

NATIONAL HEALTH MISSION

E-mail: dpmumay@gmail.com



Advertisement for filling up of different Vacant Posts under RBSK

Applications are invited only from the contractual employees currently working under NHM in the same post of OSH & FW society in other district, desiring to be posted in mayurbhanj district against the vacant positions mentioned below.

Sl.No.	Name of the Positions	No. of Positions Vacant				
	AYUSH (Female), Ayurvedic (RBSK)	10				
02	AYUSH (Female), Homoeopathy (RBSK)	05				

Interested candidates may log on to www.mayurbhanj.nic.in for detail terms, conditions & application forms. The Eligible Candidates for the above posts may apply to the O/o CDM& PHO, Mayurbhanj, Pin Code: 757001, by 07.09.2020 up to (05:00 P.M.) by Regd. Post / Speed Post / Courier Only.

The application must be super scribed as "APPLICATION FORM FOR THE POST OF <NAME OF THE POST > & CATEGORY OF APPLICATION <IN-HOUSE CANDIDATE>". Applications received after the due date will not be considered. Number of vacancies under this advertisement is provisional which may vary depending upon the requirement at the time of selection. The undersigned reserves the right to cancel / reject any or all the applications without assigning any reason thereof.

Sd/- Dr.Rupabhanu Mishra Chief District Medical &PHO,Mayurbhani

Chief District Medical &
Public Health Officer
Mayurbhani

TERMS & CONDITIONS FOR IN-HOUSE CANDIDATES

- The Employee working in the same post of OSH&FWS in other district only eligible to apply. No fresh candidates should apply for the post.
- 2. All positions are contractual in nature for a period of 11 months, which can be extended depending upon requirement and satisfactory performance.
- 3. The applicant should submit the filled in prescribed application form along with self-attested documents as listed below.
- 4. Candidates have to submit "No Objection Certificate" specific for the post advertised as well as Service-Continuation certificate of uninterrupted service in the same post at present under the society issued by the concerned CDM& PHO along with the application form, without which they will not be eligible for consideration under the category.
- 5. The application must be Super-scribed and should reach the undersigned in due time as mentioned in the advertisement. Failing which the application will be rejected for which this Office cannot take any responsibility.
- 6. Applications incomplete in any respect or with irrelevant information will be rejected.
- 7. No personal query will be entertained by any means.
- 8. Short listed Candidates will be communicated by E-mail for further interview/tests as required mentioning the date and place one week before & there may be a SMS alert.
- 9. The application form need to be downloaded from www.mayurbhanj.nic.in and filled in the application form along with the other documents to be submitted.
- 10. Selection will be done as per the guideline of NHM, Odisha.

Candidates are required to attach the following documents along with the application form.

- Two recent passport size colour photographs duly pasted at the designated space.
- 2. Self attested photocopy of proof of Identity (Voter ID card / PAN card / Driving License / Aadhar Card / Passport).
- 3. Self attested copies of Caste certificate for SC/ST/SEBC candidates only.
- 4. Two self addressed envelopes with adequate postage stamp if the candidate desires to be communicated by hard-copy (Optional).
- 5. No Objection Certificate & Service Continuation Certificate from competent authority as specified in the advertisement.
- 6. Copy of the last contract renewal order from the concerned CDM & PHO

de.

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

NOTICE No.									
Name of the Post						PHOTOGRAPH			
						Ide	entity Proof No.		
1. First Name:				Last	Name:				
2. Date of Birth:	4.	4. District of Domicile:				5. Gender:			
6. Please mention if (SEBC/PWD/Women)	GEN/SC/ST/ 7.N	Marital S	Status	s (Marrie	ed /Un Mar	ried):			
8.Present Contact Addr	ress:		9.Permanent Contact Address:						
10. Email Address:			11.N	lobile No	.:				
12. Languages spoken,	/written:								
13. Education: High sc	hool onwards, please	e list all	your	qualificat	tions				
	Name of the Board	d Year	r of	Marks (excluding optional)		g 4th	Full/Part Time/		
Exam Passed	/ University	Pass	sing	Full Mark	Marks Secured	% of marks	Distance Learning		

4. Names of previ	ous stations in suc	h post: (M	1ention	the name	of the	district)	
b) Place of Posting							
15. Last uninterrup	pted contractual se	rvice in th	ne same	post und	er the s	ociety:	
(Mention the n	name of the district))					
	stingsting:						
16. No. of years s	erved in the same p	ost		Days		Months.	
DECL	ARATION & UI	NDERT	AKINC	BY TH	HE CA	NDIDA'	<u>re</u>
best of my knainformation is	reby declare that owledge & belief s false /incorrect is liable to be reje	and if at	any st	age , it is	s foun	d any of t	the above
documents in	r, I undertake to n support of the rification and any	above	informa	ation at	the ti	ime of in	terview /
Date:							
Place:				Full S	Signati	are of the	Applicant

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