

## ZILLA SWASTHYA SAMITI, NUAPADA OFFICE OF THE CHIEF DISTRICT MEDICAL OFFICER, NUAPADA (CORPUS FUND)

E-mail: nhmnuapada@gmail.com

Phone: (06678)-223346

Adv No: 1932 /DPMU/NHM/2020

Date: 9/6/2020

### REQUIREMENT OF SPECIALIST DOCTORS

in

Pulmonary Medicine/ Specialist – Critical Care / Medicine/ Anesthesia/ /Radiologist

Zilla Swasthya Samity, Nuapada invites applications from interested specialist doctors on Full Time basis under Corpus Fund for management of COVID-19 pandemic. Interested specialist doctors can download the application format & vacancy details from www.nuapada.nic.in and can attend in the office of the undersigned application along with all certificates in any working day from 9th June 2020 to 20th June 2020. For detailed enquiry interested specialist doctors can contact in 9439989988 /9439989500. The remuneration for all the above category of post is provisionally fixed as Rs.2, 50,000/- which is negotiable. The maximum age limit is 70 years.

CDM & PHO, Nuapada



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fixed as Rs.2, 50,000/- which is negotiable. The maximum age limit is 70 years. CDM & PHO, Nuapada /DPMU/NHM /20 Copy to the Advertising Manager The The Indian Expects for information and with a request to publish the above advertisement for wide circulation and submit a copy to the undersigned for official record. CDM & PHO, Nuapada Memo No: /DPMU/NHM/20 Copy to DIO, NIC, Nuapaga for information and with a request to upload the softcopy of the advertisement along with application form posts for wide circulation and information of the candidates. CDM & PHO, Nuapada /DPMU/NHM/20 Date: 9 Copy to DHS, Odisha/DMET, Odisha for information and with a request to advertisement to the medical colleges for information of candidates.

CDM & PHO, Nuapada

# ZILLA SWASTHYA SAMITI, NUAPADA (Appointment of Specialist under Corpus Fund) APPLICATION FORM

Advertisement N	0									
Post Applied for									Photograph	
									Identity Proof No	
1. Applicant Nam	ie:									
2. Father's Name	:									
3. Date of Birth:			4. S	Sex:	5.	Dist	rict of E	Oomic	ile:	
6. Age as on date	e of In	nterview/couns	ellin	g						
7. Please mention if SC/ ST/ OBC/GEN:										
8. Present Conta			<b>P</b>						act Address:	
10. Email Address:				11.Mobile No						
11. Languages spo	ken/w	vritten:								
12. Professional C	Qualifi	cation details:		1						
Exam Passed	Na	Name of Board & University		Year of passing	Marks ( excluding Optional)  Full Marks Mark Secured		g 4 <sup>th</sup>	Duration of course		

1 3.Employment Record:										
Total years of post qualification experience :										
14. Details of Employment: (Use separate sheets if required).										
	<u> </u>		•	loymonts you	havo had					
Starting with your present employment, list in reverse order all the employments you have have of the Employer Post Held From date To Date Total Experience										
I value of the Employer	1 Ost 1 Icia	From date	TO Date	Total Experience						
				Year	Month					
15. Expected remuneration per month (Rs)										

**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, Nuapada (ZSS) Odisha is liable to be rejected/terminated. I also declare that I have never been disengaged under Health & Family Welfare Department, Govt. of Odish on administrative ground such as disobedience/Poor performances/misbehaviour/criminal activity etc.

Date :

Place: Full Signature of the Applicant

#### Note:

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

- a) Self attested photo copies of all documents in support of age, qualification, experiences etc.
- b) Two copies of passport size colour attested photograph. One copy of self attested photograph will however to affixed at the position in the application form.
- c) Self attested photocopy of Identity proof ( Voter ID Card/PAN card/Driving License/Adhar card/Passport)
- d) The candidate needs to email the filled in and signed application to nhmnuapada@gmail.com.