

ZILLA SWASTHYA SAMITI, NUAPADA OFFICE OF THE CHIEF DISTRICT MEDICAL OFFICER, NUAPADA

Adv No: _	2304	_/DPMU/NHM/2020	Date:	16	7	20%	20	
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Walk in interview COVID-19/ REQUIREMENT OF MPHW (F)/Staff Nurse

Applications are invited from the eligible candidates for engagement as MPHW (F)/Staff Nurses including the retired persons for Covid Care Home on short term contract basis for a period of three months or till Covid Care Home are functional, which ever is earlier.

SI.	Name of	Requir	Total	Qualification	Date of Walk in
No	the Post	ement	remuneration per day		Interview
1	MPHW(F)	131	Rs.850/day	HSC examination & shall have completed ANM course from institutions recognized by Govt: and approved by INC and must have registered in the Odisha nursing council.	23.07.2020
2	Staff Nurse	Empan elment	Rs. 1000/ day	GNM/B.Sc. Nursing from any institutions duly approved by INC and must have registered in the Odisha nursing council.	28.07,2020

Interested candidates having requisite qualification can download the application format from www.nuapada.nic.in and may appear for Walk in Interview as per date mentioned. Registration timing will be from 10.30 A.M to 1 PM. No application will be received beyond the scheduled timing of registration. The undersigned reserves the right to cancel any or all the applications / positions at any stage of recruitment process without assigning any reason thereof.

CDM & PHO, Nuapada



ZILLA SWASTHYA SAMITI, NUAPADA OFFICE OF THE CHIEF DISTRICT MEDICAL OFFICER, NUAPADA

TERMS AND CONDITIONS

- The engagement is purely temporary, for a period of 03(three) months only or till Covid Care Homes are functional, whichever is earlier, keeping in view the emergency situation arising due to Covid-19.
- The engagement is terminable at any period of time without assigning any reason thereof. Further, such engagement does not confer any right on the engagee for any future engagement/regularization of such engagement.
- The requirement mentioned in the advertisement is provisional and may increase or decrease based on the actual requirement.
- The requirement mentioned will be filled up by the MPHW (F) first, In case of non availability of MPHW (F), the vacancies will be filled up by the Staff Nurses.

• The remuneration shall be on daily wage basis as per the detailed below.

MPHW(F)	Rs. 388/ day + additional covid incentive of Rs. 462/ per day.
	Rs. 388/ day + additional covid incentive of Rs. 612/ per day.

The place of engagement will be decided by the authority as per requirement.

• The selection of the candidates will be made purely on mark basis as per existing rule of the govt i.e. career weitage as per detailed below.

MPH₩(F)	HSC - 20%, +2 or equivalent - 30%, ANM - 50%
Staff Nurse	HSC – 20%, +2 science or equivalent – 30%, GNM/B.Sc Nursing – 50%

- The place of engagement will be decided by the authority as per requirement.
- The candidates submit of the following documents and recent passport size photographs along with the application form.
 - o Certificate in support of qualification i.e. HSC/ +2 and basis qualifications i.e. ANM.
 - o Identity Proof
 - o ONC registration.
 - A set of photocopy of all documents.
 - o One Passport size photograph.
- The candidates are required to bring all original documents for verification on the day of walk in interview.
- Registration timing will be from 10.30 A.M to 1 PM at DTU, O/o- CDM & PHO, Nuapada.
 No application will be received beyond the scheduled timing of registration.
- All Candidates have to wear mask, maintain social distancing during walk in interview.
- The undersigned reserves the right to cancel any or all applications without assigning any reason thereof.

CDM & PHO, Nuapada

ZILLA SWASTHYA SAMITI, NUAPADA (Engagement of Paramedical staff for COVID-19) APPLICATION FORM

Advertisement No	0								
Post Applied for									Photograph
									Identity Proof No
1. Applicant Nam	ie:								
2. Father's Name	:								
3. Date of Birth:			4. S	Sex:	5.	. С	District of D)omic	ile:
6. Age as on date	e of In	nterview/couns	ellin	g	I				
7. Please mentio	n if SC	C/ ST/ OBC/GE	N:						
6. Present Conta	 Present Contact Address with Telephone No: Permanent Contact Address: 								
10. Email Address	S:						11.1	Mobil	e No
11. Languages spo	ken/v	vritten:							
12. Professional C	Qualifi	cation details:		1	ı				
Exam Passed	Full M		(excluding Optional) Marks Secured	g 4 th	Duration of course				

1 3.Employment Record:								
Total years of post qualification experience :								
14. Details of Employmer	nt: (Use separate s	heets if requ	ired).					
Starting with your presen	nt employment, lis	t in reverse o	order all the emp	loyments you	have had.			
Name of the Employer	Post Held	From date	To Date	Total Experience				
				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 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)