

ADVERTISEMENT

INVITATION FOR WALK-IN INTERVIEW OF CONTRACTUAL DOCTORS

In pursuance to Resolution No. 17390/H & FW Dated 29.06.2018 and Notification No. 12421/ H & FW Dated 25.04.2018 of the Govt. of Odisha Health & FW Department, the interested (fresh & retired) candidates **up to the age--70 years** are invited to attend the walk-in-interview on 14.11.2024 at 12 Noon in the chamber of CDM & PHO, Puri for filling-up the vacant post of Medical Officer (MBBS) and Specialists on contractual basis in the different medical institutions of Puri district.

The candidates should be applied and present on **14.11.2024 at 12 Noon** with their educational original certificates/documents for verification.

- 1: Applications are invited from prospective candidates through the proforma application in annexure-I. (Attached with advertisement).
- 2: The age of the applicant should be maximum 70 years for applying for the post subject to their physical fitness certificate.
Date of birth entered in the High school certificate or equivalent certificate issued by the concerned Board/Council will only be accepted.
- 3: The consolidated monthly remuneration of the doctors engaged on contractual basis against the vacant post of Assistant Surgeon is @ Rs. 55, 000/- (Rupees fifty five thousand) and the Specialists is @ Rs. 60,000/- (Rupees Sixty thousand) only P.M.
- 4: **Certificates and documents to be carried to the interview:**

The candidate original and photocopies (1 set) of the following documents:

- a. +2/intermediate/Higher Secondary Examination Certificate issued by the concerned Board/ Council.
- b. M.B.B.S Degree Certificate and Post-Graduation Certificate issued by the recognized university.
- c. If a candidate claim to process qualification equivalent to the prescribed qualification, the rule/ authority (with number and date) under which it is so treated must be furnished.
- d. H.S.C or equivalent certificate in support of declaration of age issued by the concerned Board/Council.
- e. Identity proof (Aadhaar).
- f. Completion of Internship/ Valid Medical Registration Certificate under Odisha State/.
- g. Other registrations if any.
- h. One recent passport size photograph (unsigned and unattested).

Note: If a candidate fails to furnish any of the original certificates and documents in respects of photocopies submitted with the application by him or her, for verification on the day of interview, then, his/her candidature will be rejected.


Chief District Medical & Public Health Officer, Puri

APPLICATION FORM

(Appointment of Contractual Doctors under Health & Family Welfare Department., Govt. of Odisha)

Advertisement No.					Photograph		
Name of the Post					Identity Proof No.		
1.Applicant Name:							
2.Father's Name:							
3. Date of Birth:			4. District of Domicile:		5. Sex:		
6. Age as on date of walk-in-interview/counselling:							
7. Present Contact Address:				8. Contact Telephone No.:			
Permanent Contact Address:				Mobile No.:			
9. E-mail Address:							
10. Language spoken/written:							
11. Professional Qualification details:							
Sl. No.	Exam Passed	Name of Board/University	Year of passing	Marks (excluding 4 th optional)			Duration of course
				Full Mark	Marks secured	%of Marks	

12. Employment Record:							
Total Years of post qualification Experience:							
13. Experience Details (starting from present/ last employment):							
Name of the Employer	Post Held	From Date	To Date	Total			
				Year	Month		
14. District of preference:							

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

Date:
Place:
List of enclosure(s):-

Full Signature of the Applicant