

OFFICE OF THE CHIEF DISTRICT MEDICAL AND PUBLIC HEALTH OFFICER, PURI

Order No. 7382/Esst. Gazetted/Dated 30/12/2023

In pursuance to the Health & FW Department Notification No.32016 dated 27.12.2023, a committee is hereby constituted under the chairmanship of the undersigned with following members to verify original Registration Certificate (OCMR) and other documents for the Medical Officers appointed as per the OPSC Advertisement No.14 of 2022-23 and allotted to Puri district within 15 days of issuance of the Health & FW Department Notification No.32016 dated 27.12.2023 i.e. upto 10th January – 2024 (excluding Govt. Holidays). The checklist of Documents to be verified is annexed as Annexure-A.

1. DMO(MS)-cum-Superintendent, DHH, Puri
2. DPHO, Puri
3. ADPHO(TB), Puri
4. ADPHO(FW), Puri

The Administrative Officer, O/o-CDM & PHO, Puri will supervise the overall document verification process of newly appointed MOs.


Chief District Medical & Public Health Officer, Puri

Memo No. 7383/Esst. Gazetted/Dated 30/12/2023

Copy submitted to the Additional Secretary to Govt. of Odisha, Health & FW Department, Bhubaneswar for favour of kind information.

Copy submitted to the Director of Health Services, Odisha, Bhubaneswar for favour of kind information.

Copy submitted to the District Magistrate & Collector, Puri for favour of kind information.

Copy to all Wing Officers for information and necessary action.

Copy to all newly appointed MOs allotted to Puri district for information and necessary action with an instruction to come to this office for their document verification (as per Annexure-A) with self-attested copies by 10th January-2024 without fail.

Copy to Sri Lingaraj Mohanty, Sr. Assistant / Tulu Swain, Jr. Assistant of this office for information and necessary action with direction to assist the aforesaid Wing Officers in aforesaid document verification process.

Copy to the District Data Manager, NHM, Puri for information and necessary action with instruction to take necessary steps to publish this notice in DHH website today itself.

Copy forwarded to the DIO, NIC, Puri for information and necessary action with a request to host this notice in the district website today itself.


Chief District Medical & Public Health Officer, Puri

Checklist of Documents to be verified

1. HSC Certificate
2. HSC Marksheet
3. CHSE Certificate
4. CHSE Marksheet
5. MBBS Certificate
6. MBBS Marksheet (All Semesters/back paper/Conversion Certificate (where GRADE marks are awarded) from the concerned University indicating the equivalent percentage of actual mark and the conversion formula)
7. Internship Completion Certificate
8. Valid OCMR Registration Certificate
9. Valid Caste Certificate (in case belongs to SC/ST)
10. SEBC Caste Certificate issued by the competent authority within last 3 (three) years
11. Women candidates belonging to SC / ST categories are required to submit Caste Certificate by birth showing "daughter of _____"
12. Medical Fitness Certificate under Article 49 in Form No.39 (Form enclosed)
13. Oath of Allegiance to the Constitution of India (Form enclosed)
14. Declaration of non-contract of plural marriage. (Form enclosed)
15. Physically Handicapped Certificate wherever applicable (>40% permanent disability)
16. Personal management information sheet duly filled in
17. Copy of acceptance of resignation from previous working station
18. Attestation Form (Form enclosed)
19. Aadhar Card
20. Sports ID Card, if applicable
21. Odia ME Pass Certificate in case of CBSE/ICSE
22. NOC from the Competent Authority in case of In-Service Candidates
23. National Board of Examination, New Delhi pass certificate in case passed from any Foreign University / Conversion Certificate recognized by MCI
24. Attempt Certificate
25. Discharge Certificate and affidavit of non-engagement in case of Ex-Service Man by the Commanding Officer in the last unit served.
26. Service Certificate for In-Service Candidates

NB:- All candidates are hereby to submit a self-attested copy of above documents during document verification process.


Chief District Medical & Public Health Officer, Puri

Personnel Management Information System

Name of Employee _____

Father's Name _____

Mother's Name _____

Marital Status _____

Spouse Name _____

Children's Name: 1. _____

2. _____

3. _____

Paste recent
passport size
coloured
photograph

Family Detail (Father, Mother, Spouse, Children and any other family member)

Family Member Name	Relation	Date of Birth	Dependent (Y/N)	If Employed, name the department.

Category : _____

Religion : _____

Blood Group : _____

Home State _____

LTC Home Town _____

Identification Mark : _____

Height (in centimeters) : _____

Home District : _____

Contd...Pg/2

Present Address: _____

Permanent Address : _____

GPF/ CPS No. _____

E-Salary Code: _____

Education Detail

Edu. Qualification	Board / University	Year of Passing	Marking % age

Dated :

Place :

Name / Signature of the Employee

OATH OF ALLEGIANCE

I, Dr. / Shri / Smt. / Ms. _____ Disignation _____,
do swear/solemnly affirm that I will be faithful and bear true allegiance to
India and to the Constitution of India as by law established, that I will
uphold the sovereignty and integrity of India, and that I will carry out the
duties of my office loyally, honestly, and with impartiality.

“(So help me God)”

Dated: _____

Signature : _____

Place : _____

Name : _____

Designation: _____

Oath/affirmation taken/made before me.

Registrar/Head of Office

MARRIAGE DECLARATION FORM
R (Decl. II)

1. I, Sri / Smt/ Kumarideclare as under:-

- i) That I am unmarried / a widower / a widow
- ii) That I am married and have only one wife living
- iii) That I am married and my husband has no other living wife, to the best of knowledge.
- iv) That I am married to a person who has already one wife or more living. Application for grant of exemption is enclosed.

2. The details of my spouse are:

- a) Name: Sri/Smt.
- b) Date of Birth of the spouse is: __ / __ / ____
- c) Date of marriage is: __ / __ / ____

Recent colour
passport
photograph of
the spouse
duly attested

I solemnly affirm that the above declaration is correct and I understand that in the event of the declaration being found to be incorrect after my appointment, I shall be liable to be dismissed from service.

Date : _____

Signature (in full)

Name in CAPITAL Letters : _____

Note :

- Please delete clauses which are not applicable.
- Applicable in case of Clause (i), (ii), (iii) and (iv) only.
- Please fill Sl. No. 2 only if you are married.

**MEDICAL CERTIFICATE UNDER
ARTICLE-49 CIVIL SERVICE REGULATIONS**

I do hereby certify that I have examined Sri/Smt./Miss
..... a candidate for employment in the

Department of and cannot
discover that he/she has any disease, constitutional affection bodily infirmity
except

I consider / do not consider this disqualification for employment in the office of
.....

Age is according to his/her own statement years
& by appearance about years.

Place :

Date :

Surgeon

DECLARATION BY CANDIDATE

I a candidate
for employment in the
Department of the Govt. of Orissa & hereby declare that I have not any time
been pronounced unfit for Govt. employment by the Medical Board at the India
Office in / England or any other duly constituted medical authority.

Date:

Signature of the Candidate

N.B.- Words not applicable should be scored through.

Note:- To article -4 Civil Services Regulation - When an officer in whom a defect has been noticed by the Examining Officer is transfer from one office to another the duties of which are different in character a commissioned Medical Officer or Medical Officer I/C of a Civil Station or (in the case of an officer employed in a State Rly.) of a State Railway should report whether the defect will metrically interfered.

NOTE- In every case if the opinion of Medical Officer is unfavourable to the applicant & apparent will lie to a Medical Board through the Departmental Head (Prospective) of the applicant & the decision of the Board shall be final.

Name of the Candidate to be written in Full

ATTESTATION FORM

WARNING : THE FURNISHING OF FALSE INFORMATION OR SUPPRESSION OF ANY FACTUAL INFORMATION IN THE ATTESTATION FORM WOULD BE A DISQUALIFICATION, AND IS LIKELY TO RENDER THE CANDIDATE UNFIT FOR EMPLOYMENT UNDER THE GOVT.

Affix signed passport size (5 cm x 7 cm copy of recent photograph)

2. If detained, arrested, prosecuted, bound down, fined, convicted, debarred, acquitted, etc. Subsequent to the completion and submission of this form,, the details of communicated immediately to the authorities to whom the attestation form has been sent earlier, falling which it will be deemed to be a suppression of factual information.

3. If the fact that false information has been furnished in the Attestation Form ,comes to notice at any time during the service of a person, his services would be liable to be terminated.

1.	Name in full (in block capitals letters) with aliases, if any (Place indicate if you have added or dropped in any stage any part of your name of surname.	
2.	Present address in full (i.e. Village, Thana and Distt. Or House No., Lane / Street Road and Town)	
3.	(a) Home address in full (i.e. Vill., Thana and Distt. Or House No., Lane / Street / Road and Town have of Distt. Hqr.	
	(b) If originally a resident of Pakistan / Bangladesh (erstwhile East Pakistan), the address in that country and the date of migration to Indian Union.	

4. Particulars of places (with period of residence) where you have resided for more than one year at a time during the preceding five years. In case of stay abroad (including Pakistan), particulars of all places where you have resided for more than one year after attaining the age of 21 years should be given.

From	To	Residential address in full (i.e. Village, Thana & District or House No. & Street / Road and Town	Name of the District Hqtr., of the place mentioned in the preceding column
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2/6

5.	Name (in full & aliases, if any)	Nationality (by Birth & or by domicile)	Place of birth	Occupation (if employed give designation & official address.)	Present postal address (if dead, give last Address)	Permanent Home Address
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- i) Father (Name in Full)
- ii) Mother
- iii) Wife/Husband
- iv) Brother(s)
- v) Sister(s)

5. (a) Information to be furnished with regard to sons and / or daughters in case they are studying / living in a foreign country.

Name Nationality which (By Birth and / Or by Domicile)	Place of Birth	Country in which studying / studying / living with Full Address	Date from which Studying / Living in the country mentioned in the previous column
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6. Nationality :

7. (a) Date of Birth :
(b) Present Age :

11. (a) Are you holding or have any time held an appointment under the Central Govt. or State Govt. or a quasi-Govt. body or an Autonomous body or a public undertaking, or a private firm or institution? If so, give full particulars with dates of employment up to date				
Period		Designation, emoluments & Nature of employment	Full name / address of	Reasons for leaving previous service
From	To			

(b) If the previous employment was under the Govt. of India / State Govt./an undertaking owned or Controlled by the Govt. of India or a State Govt. an Autonomous Body / University / Local Body, if you had left service on giving one month's notice under Rule 5 of the Central Service (temporary service) Rules 1965 or any similar corresponding rules or where any disciplinary proceeding framed against you, or had you been called upon to explain your conduct in any matter at the time you give notice of termination of service or at a subsequent date (s) before your service.

12. (a) Have you ever been arrested? Yes/No
- (b) Have you ever been prosecuted? Yes/No
- (c) Have you ever been kept under detention? Yes/No
- (d) Have you ever been bound down? Yes/No
- (e) Have you ever been fined by a Court of Law? Yes/No
- (f) Have you ever been convicted by a Court of law for any offence? Yes/No
- (g) Have you ever been debarred from any Examination or restricted by any University or any other educational authority / institution? Yes/No
- (h) Have you ever been debarred / disqualified by any Public Service Commission / Staff Selection Commission for any of its examination / selection? Yes/No
- (i) Is any case pending against you in any Court of Law at the time of filling up this Attestation Form? Yes/No
- (j) Is any case pending against you in any University or any other educational authority/institution at the

time of filling up this Attestation Form ?

(k) Whether discharged / expelled / withdrawn Yes/No
From any training / institution under the
Government or otherwise ?

(ii) If the answer to any of the above mentioned question is "Yes" (give full particulars of the case / arrest / detention / fine / conviction / punishment, etc. and /or the nature of the case pending in the Court / University / Educational Authority, etc. at the time of filling up this Attestation Form.

NOTE: i) Please also see the "Warning" at the top of this Attestation Form.
ii) Specific answers to each of the questions should be given by striking out "Yes" or "No" as the case may be.

13. Name of two responsible persons of your locality or two references to whom you are known.

1.

2.

I certify that the foregoing information is correct and complete to the best of my knowledge and belief. I am not aware of any circumstances which might impair my fitness for employment under Government.

Signature of the Candidate

Place:

Date :