

Zilla Swasthya Samiti, Deogarh National Health Mission, Deogarh



No. 853

Date: 8/5/2025

NOTICE

Application are invited from the contractual employees of NHM working in the same post under OSH&FW Society in other district desiring to be posted in Deogarh district against the vacant post mentioned below.

| SI. No. | Name of the Post | Category wise vacancy | | |
|------------|--|-----------------------|--|--|
| 1. | Dental Technician | 01 | | |
| 2. | Ophthalmic Assistant | 01 | | |
| 3. | Community Nurse | 01 | | |
| 4. | Medical Officer, Ayush (UR) (Female) , RBSK (Ayurvedic) | 01 | | |
| 5. | Senior Treatment Supervisor (STS) | 01 | | |

CDM & PHO-cum-DMD, Deogarh.



Zilla Swasthya Samiti, Deogarh National Health Mission, Deogarh



Other Terms & Conditions:

- All positions are contractual in nature for a period of 11 months, which can be extended depending upon requirement and suitability.
- The application should reach the undersigned on or before 16/66/2025 by 5.00 PM through Courier, Regd. Post / Speed Post only. The application must be superscripted as "Application for the post of" otherwise the application will be rejected. This office will not be held responsible for any postal delay. Incomplete application in any form will be rejected.
- The Criteria of selection shall be the highest length of incumbency under the society & as per the reservation category applicable, if any.
- For the purpose of calculation of incumbency, the last uninterrupted service in the same post under the society shall be taken into account.
- The application form need to be downloaded at www.deogarh.nic.in and filled in application form alongwith the colour passport size photograph, self attested photocopies of all relevant certificates, mark-sheets, experience certificate mentioning length of service & NOC shall be submitted by the applicant.
- No personal query will be entertained.
- Selection will be done as per the guideline stipulated by Mission Directorate, NHM, Odisha.

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| most, day | THANGE | APPLICATION FORM | | | | | | | |
|--|-----------------------------|------------------------------------|--------------------|--------------|---------------------|--------------|--------------------|--|--|
| Advertisement No | | | | | | | Photogr | Photograph | |
| ost App | lied for | | | | | | | | |
| | ne of the Candidates | | | | | | | | |
| 2 (I). Date of Birth: | | | Age as on o | date of a | nt. | 3. Sex: | | | |
| . District | t of Domicile: | 5. Ple | ase mentio | n Catego | ory (SC/ST/ | OBC/SE | BC/UR): | | |
| i. Presen | nt Contact Address: | | | | Permanent Pin Code: | Contact | Address: | | |
| | | | | | | | | | |
| 9. Email Address: 11. Languages spoken/written: | | | | 10.Mc | bile No.: | | | | |
| 2771 | | | | - | | | | | |
| 2 Cam | | | | | | | | | |
| 12. Com | | ication: High so | chool onwa | rds plea | se list all v | our qua | ifications | 4 | |
| | lemic & Professional Qualif | | chool onwa | rds, plea | se list all yo | our qua | ifications | Full/Part | |
| | | Institute/ Board/ University | Year of Passing | Full Mark | | % of Mark | Duration of course | Full/Part Time/ Distance Learning | |
| 13. Acad | lemic & Professional Qualif | Institute/ Board/ | Year of | Full | Marks Marks | % of | Duration | Time/ Distance | |
| SI. | lemic & Professional Qualif | Institute/ Board/ | Year of | Full | Marks Marks | % of | Duration | Time/ Distance | |
| SI. No. | lemic & Professional Qualif | Institute/ Board/ | Year of | Full | Marks Marks | % of | Duration | Time/ Distance | |
| SI. No. | lemic & Professional Qualif | Institute/ Board/ | Year of | Full | Marks Marks | % of | Duration | Time/ Distance | |
| 13. Acad SI. No. | lemic & Professional Qualif | Institute/ Board/ | Year of | Full | Marks Marks | % of | Duration | Time/ Distance | |

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| 15. Details of Employment: (Use separate sheets if | equired). | | * | |
|---|----------------------------|----------------------|---------------------|--|
| Starting with your present employment, list in rever | e order all the en | mployments you h | ave had. | |
| 15 A. Current Employment | | | | |
| From To Month / Year Month / Year | Name | e of Employer: | Nature of Business: | |
| | | | | |
| Designation: | | | | |
| Reporting to (Name, Designation & Contact No of supervisor): | | | | |
| Location of Employment: | | | | |
| 15 B. Previous Employment | | | 100 | |
| SI.N Name of the opost From (DD/M (DD/MM/Y M/YY) To (DD/MM/Y Y) | Location of Employment: | Name of Employer: | Nature of Business: | |
| | V | | | |
| | | | | |
| | | | | |
| 251424512 | BY THE CANDI | DATE | | |

me, my candidature/appointment is liable to be rejected/terminated. disengaged from service previously on administrative ground such as disobedience /poor performance/ misbehavior/ criminal activities etc.

Full Signature of the Applicant

Note: The following documents are to be enclosed with application

- 1. Self-Attested photo copies of all Mark sheets & Certificate in proof of the claim made by the candidate relating to his/her educational qualification, age and other reservation option.
- 2. Two copies of passport size color self-attested photograph to be submitted along with the application
- 3. Photocopies self-attested of Cast certificate issued by the Competent Authority.
- 4. Photocopies self-attested PWD Certificate, Sport person, Ex-serviceman.
- 5. NOC-cum-Continuation Certificate to be attached & experience certificate of previous employment.
- 6. One number of self-address envelop (Size 24" X 10") with stamp of Rs.40 (Fourty Only)

In case of submission of incomplete application including non-attachment of one or more of the above document the candidate is liable to be rejected.

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