



**OFFICE OF THE CHIEF DISTRICT MEDICAL &
PUBLIC HEALTH OFFICER, KALAHANDI**

(DISTRICT PROGRAMME MANAGEMENT UNIT)

PHONE/FAX: 06670-230998, EMAIL: dpmukalahandi@gmail.com



Notice No: 663 DPMU (NHM)

Date: 26/02/19

NOTIFICATION

The following candidates have been selected for different posts under National Health Mission, Kalahandi vide walk-in interview advt. no 511/21.02.2019.

Medical officer, SNCU	
Sl. No	NAME OF THE CANDIDATE
1	DR. SONALI CHOUDHURY

AYUSH MO (BHMS-FEMALE)		
Sl. No	NAME OF THE CANDIDATE	SELECTED CATEGORY
1	NARGIS JAHAN	UR
2	ANANYA DEY	UR
3	SWAPNA BIJAYINI KAR	UR
4	PRANGYA PRAMITA PATRA	UR
5	JYOTIRMAYEE MOHANTY	UR
6	MAHIMA DIBYA DARSINI	SC
7	RAJ KUMARI BEHERA	SC
8	DEEPIKA MURMU	ST
9	SANGEETA NAIK	ST
10	DASAMI NAIK	ST

AYUSH MO (BHMS-MALE)		
Sl. No	NAME OF THE CANDIDATE	SELECTED CATEGORY
1	ABINASH JENA	UR
2	BHABANI SHANKAR MOHANTA	UR
3	RAGHUMANI BEHERA	SC
4	JOGESWAR BEHERA	SC
5	JOSHIKETAN SABAR	ST
6	SATYA NARAYAN NAYAK	ST
7	JOHN HENRY PITTA	ST

AYUSH MO (BAMS-FEMALE)		
Sl. No	NAME OF THE CANDIDATE	SELECTED CATEGORY
1	SMARANIKA PANDA	UR
2	GAYATRI PATTJOSHI	UR
3	PRAGNYA PRIYADARSHINEE SAHOO	UR
4	JYOTISMITA MOHANTY	SEBC
5	PRANATI NAG	SC
6	TANISHA PARIMITA	SC
7	BIJAY LAXMI NAIK	ST



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PHARMACIST-MHT		
Sl. No	NAME OF THE CANDIDATE	SELECTED CATEGORY
1	CHATURBHUJA BANUA	UR
2	YASHOBANT SUNANI	SC
3	SANJAYA NAIK	SC
4	HIMANSHU SEKHAR DALAI	SC
5	SURJYA KANTA SAHOO	SC
6	MUKUNDA JANI	ST
7	BINOD BIHARI NAIK	ST
8	NILAKANTHA BHOI	ST
9	YATRA KU. SABAR	ST
10	JA HARLAL PUJHARI	ST
11	TEKAMANI SABAR	ST

BLOCK DATA MANAGER/DATA ENTRY OPERATOR	
Sl. No	NAME OF THE CANDIDATE
1	SAYED SADDAM WASIM
2	NITISH KUMAR DUTTA
3	SOUMYA RANJAN NAIK
4	CHATURBHUJA TANDI
5	PRADYUMNA KESHARI NAG

All are requested to join/report before the O/o CDM & PHO, Kalahandi on or before 12.03.2019, 5.00PM along with following documents:

1. Medical Fitness certificate from a registered Medical Practitioner (Not below the rank of Asst. Surgeon)
2. All original certificates for verification (In support of all qualifications, nativity, age, proof, Experience, etc. (if any) & one set of Xerox copy.
3. Photo Identity proof (Driving License/Aadhar Card/Votor ID Card etc.)
4. Certificate for proof of Age/Date of birth.
5. Two character certificates from different Gazetted officers.

If any candidate failed to report/joined before the undersigned within due date/time with all original documents, their candidature will be cancelled automatically.

Chief District Medical &
Public Health Officer, Kalahandi