



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

(DISTRICT PROGRAMME MANAGEMENT UNIT)

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



Letter No 1871/DPMU (NHM)

Dated. 27/04/2023

NOTICE

As per the Advertisement no. 4816/DPMU, Dated 02-11-2022 of Office of the CDM & PHO, Kalahandi the below listed candidates are provisionally selected against the vacancy category wise under NHM Kalahandi.

AYUSH M.O BHMS (CO-LOCATED)				
SL. NO.	NAME OF THE CANDIDATE	DOMICILE DISTRICT	SEX (M/F)	CATEGORY (SC/ST/SEBC/UR)
1	MONIKA AGRAWAL	KALAHANDI	F	UR
2	DEEPALI KUMARI SAHU	GANJAM	F	UR
3	LOVELY SAHU	BOLANGIR	F	UR
4	LIJA PATEL	SUNDERGARH	F	UR
5	NAMITA BEHERA	SAMBALPUR	F	SC
6	PRANATI KANSARALI	JHARSUGUDA	F	SC
AYUSH M.O BAMS (CO-LOCATED)				
1	DHANWANTARI BEHERA	SAMBALPUR	F	SC
2	BIKRAM SAHOO	CUTTACK	M	SC
3	RACHANA DAS	JAGATSINGHPUR	F	SC

AYUSH M.O BHMS (FEMALE-MHT)				
SL. NO.	NAME OF THE CANDIDATE	DOMICILE DISTRICT	SEX (F)	CATEGORY (SC/ST/SEBC/UR)
1	MONIKA AGRAWAL	KALAHANDI	F	UR
2	DEEPALI KUMARI SAHU	GANJAM	F	UR
3	LOVELY SAHU	BOLANGIR	F	UR
4	LIJA PATEL	SUNDERGARH	F	UR
5	NAMITA BEHERA	SAMBALPUR	F	SC
6	PRANATI KANSARALI	JHARSUGUDA	F	SC

AYUSH M.O BHMS (MALE-MHT)				
SL. NO.	NAME OF THE CANDIDATE	DOMICILE DISTRICT	SEX (F)	CATEGORY (SC/ST/SEBC/UR)
1	TANMAYA BAG	BARGARH	M	UR
2	DEEPAK RANJAN BAG	NUAPADA	M	SC

The candidates are required to join on or before **04-05-2023** at office of the undersigned. The candidates who have selected under more than one category, are required to select any one category of post at the time of joining.

Please note that your appointment is subject to produce the following documents as well as verification of all original documents:



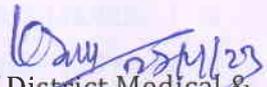
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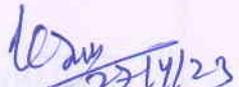


1. Medical fitness Certificate from a registered Medical Practitioner (not below the rank of Asst. Surgeon)
2. All original certificate for verification (in support of all qualifications, nativity, age proof, experience (if any) & one set of Xerox copy.
3. Photo proof of identity (i.e. Driving Licence/ Election Card/ Passport etc.
4. Certificate of Age / Date of Birth.
5. Last work certificate, if any.
6. No due Certificate/ NOC, if any.
7. One Character Certificate from the Gazetted Officer.
8. Declaration option form for joining in the post to be fill in the office by the candidate who have selected in more than one category of post.
9. Non-Judicial stamp paper of Rs.20/- and 6 pieces of blue cartridge papers for agreement & undertaking.


Chief District Medical &
Public Health Officer, Kalahandi

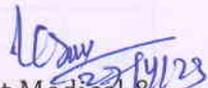
Memo No. 1872 /Dated 27-04-2023

Copy to person concerned for information & necessary action.


Chief District Medical &
Public Health Officer, Kalahandi

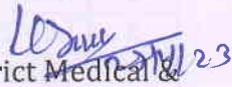
Memo No. 1873 /Dated 27-04-2023

Copy forwarded to the DIO-NIC, Kalahandi for information and requested to web-host in the district website for wide circulation of the candidates.


Chief District Medical &
Public Health Officer, Kalahandi

Memo No. 1874 /Dated 27-04-2023

Copy submitted to the Collector & DM, Kalahandi for favour of kind information.


Chief District Medical &
Public Health Officer, Kalahandi