



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

(DISTRICT PROGRAMME MANAGEMENT UNIT)

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



No. 1456 //

Bhawanipatna// Dated 20/04/2020

COVID-19

NOTIFICATION FOR RECRUITMENT OF MICROBIOLOGIST

Application are invited from the eligible candidate for Recruitment of Microbiologist post in the District Head Quarters Hospital/ COVID, Hospital on short terms contractual (Daily wage) basis for a period of three months i.e. till 30th June 2020, which may be extended, if required.

Interested candidate having requisite qualification are requested to apply in prescribed format given in District Website www.kalahandi.nic.in along with scanned documents with proof of their qualification, age identity or other registration and photograph in the Email-ID of CDM & PHO, Kalahandi i.e. covidreckalahandi@gmail.com / or by hand on or before **21-04-2020 up to 05.30 PM.**

Sd/-

Chief District Medical &
Public Health Officer, Kalahandi

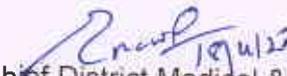
General Terms & Condition

- The mode of engagement will be on daily wage basic.
- The place of engagement will be decided by the authority as per requirement and the number of days to be work also to be decided by the authority as per the work load.
- The undersigned reserves the right to cancel /reject any or all applications without assigning any reason thereof.

Memo No. 1457 //

Bhawanipatna// Dated 20/04/2020

Copy forwarded to DIO, NIC Kalahandi for information and necessary action. He is requested to upload the Notification and application form in the district website for wide circulation of the candidate.


Chief District Medical &
Public Health Officer, Kalahandi



ZILLA SWASTHYA SAMITI, KALAHANDI APPLICATION FORM

Advertisement No		Photograph				
Post Applied for						
						Identity Proof No
1. Applicant Name:						
2. Father's Name :						
3. Date of Birth:		4. Sex:		5. District of Domicile:		
6. Age as on 01.01.2020						
7. Please mention if SC/ ST/ OBC/GEN:						
8. Present Contact Address with Telephone No:			9. Permanent Contact Address:			
10. Email Address:			11. Mobile No			
12. Languages spoken/written:						
13. Computer Literacy: Mention all software(s) known/ used						
14. Education: High school onwards, please list all your qualifications						
Exam Passed	Name of Board & University	Year of passing	Marks (excluding 4 th Optional)			Full/Part Time/ Distance Learning
			Full Mark	Marks Secured	%	

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15. Employment Record:					
Total years of post qualification experience :					
Years of experience in the Development Sector / NGO :					
Years of experience in Government :					
15. Details of Employment: (Use separate sheets if required).					
Starting with your present employment, list in reverse order all the employments you have had.					
Name of the Employer	Post Held	From date	To Date	Total Experience	
				Year	Month

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 in Zilla Swasthya Samiti, (ZSS) Kalahandi under OSH & FW, Odisha is liable to be rejected/terminated. I also declare that I have never been disengaged from service under ZSS/OSH & FW, Odisha on administrative ground such as disobedience/poor performance/misbehavior/criminal activity etc.

Date :

Place :

Full Signature of the Applicant

Note.

The following documents are to be enclosed along with the application:

Self attested photo copies of all documents in support of age, qualification, caste, experiences etc.

Two copies of passport size colour attested photograph. One copy of self attested photograph will however to affixed at the position in the application form.

Nativity/Resident Certificate (Issued within 6months),

Self attested photocopy of Identity proof (Voter ID Card/PAN card/Driving License/Adhar card/Passport)

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