



OFFICE OF THE CHIEF DISTRICT MEDICAL OFFICER: KALAHANDI  
(DISTRICT PROGRAMME MANAGEMENT UNIT)  
PHONE/FAX: 06670-230998, EMAIL: dpmukalahandi@gmail.com



No.....1637

Date: 06/05/2020

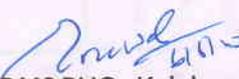
Notice- Recruitment of Hospital Manager for COVID Hospital

Applications are invited from suitable candidate for the post of Hospital Manager in COVID Hospital, Bhawanipatna. Details are as follows:

Sl No	Name of the Post	Nos of Post (Tentative)	Required qualification	Remuneration/ fees
1	Hospital Manager (for COVID Hospital)	02	Master in Hospital Administration (MHA)/ PGDHM/MBA/BAMS/BHMS.  Desirable: Minimum of One year experience in hospital management/ operations/ administration in govt/ pvt hospitals.  Experience candidate above all will be preferred.	Rs 1500/- Per day

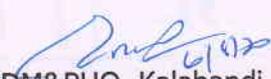
Candidates having requisite qualifications and experiences are requested to send their applications with required documents through email (covid19reckalahandi@gmail.com) / by hand to office of the undersigned **on or before 11-05-2020 upto 5.00PM**. The engagement will be on daily wages basic upto July 31, 2020 which may extent as per situations. They will be posted in the COVID Hospitals only and performs his/her duty under the guidance of AMO as per prescribed guidelines of COVID. The authority reserve the right to cancel all or any applications without assigning any reason thereof.

Memo No.....1638.....//

  
CDM&PHO, Kalahandi

Date: 06/05/2020

Copy to DIO NIC, Kalahandi for information with a request to upload the advt. for information of the candidate.

  
CDM&PHO, Kalahandi



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)