



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

(DISTRICT PROGRAMME MANAGEMENT UNIT)

PHONE/FAX: 06670-230998, EMAIL: [dpmukalahandi@gmail.com](mailto:dpmukalahandi@gmail.com)



No. 2254/DPMU(NHM)

Date: 08/08/2024

**NOTICE**

**(In House Selection)**

Interested eligible candidates are invited for the In-House selection of the **contractual employees currently working under National Health Mission** in the same post under the OSH & FW Society in other district, desiring to be posted in Kalahandi district against the vacant positions on contractual basis as mentioned below.

SL No	Name of the Post	No. of positions vacant	Application submission and document verification
1	AYUSH M.O. (BAMS) Female (RBSK)	ST-2	The candidates are required to attend for document verification on dated. 21-08-2024 from 10.00 AM to 1 PM
2	AYUSH M.O. (BHMS) Female (RBSK)	UR-3, SC-2, ST-3	
3	AYUSH M.O. (BHMS) Male (RBSK)	UR-1, ST-3	
4	AYUSH M.O. (BAMS) Co-located	UR-1, ST-5	
5	AYUSH M.O. (BHMS) Co-located	UR-2, ST-4	

Interested eligible NHM employees fulfilling the criteria can log on to [www.kalahandi.odisha.gov.in](http://www.kalahandi.odisha.gov.in) for details (terms and conditions & application form etc.). Eligible employees for the above post (**who are working in different district in same post**) who are interested required to attend at the Office of the Chief District Medical and Public Health Officer, Kalahandi, Bhawanipatna with required documents (**please read general information and instruction page**) for application submission and verification of documents as mentioned above schedule date and time.

No one will be considered after the scheduled date & time. Number of vacancies under this advertisement is provisional which may increase or decrease depending upon the actual vacancy. Time to time notification regarding status of selection process will be web hoisted in district web-site. The undersigned reserves the right to cancel / reject any or all the applications without assigning any reason thereof. This office will not be responsible for any delay to come in the schedule date & No personal query will be entertained.

Sd/-

Chief District Medical &  
Public Health Officer, Kalahandi

*8/8*  
08-08-24



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

(DISTRICT PROGRAMME MANAGEMENT UNIT)

PHONE/FAX: 06670-230998, EMAIL: [dpmukalahandi@gmail.com](mailto:dpmukalahandi@gmail.com)



## General information and instruction

- The above positions are purely temporary and co-terminus with the scheme. Canvassing in any form will render the candidate disqualified for the position.
- All positions are contractual in nature for a period of 11 months, which can be extended based on the performance assessment.
- The applicant needs to attend for document verification and application submission on the scheduled date & time. Any delay will not be entertained any point of time.
- Candidates have to submit **No Objection Certificate cum Continuation certificate** for last uninterrupted service in the same post under the society issued by competent authority with the application form, without which they will not be eligible.
- Valid contract period (renewal order to be attached).
- The application form needs to be downloaded from [www.kalahandi.odisha.gov.in](http://www.kalahandi.odisha.gov.in) and filled in application form along with the colour passport size photograph, self-attested photocopies of all relevant certificate and mark-sheets shall be submitted by the applicant.
- Incomplete application & documents in any form will be rejected.
- All communication will be made through e-mail/district web-site. Candidates are required to visit district website: [www.kalahandi.odisha.gov.in](http://www.kalahandi.odisha.gov.in) at regular intervals for any notification, updates, results etc.
- No personal query will be entertained.
- Selection will be done as per the guideline issued by Mission Directorate, NHM, Odisha.

*Sf2*  
*02.05.24*

Chief District Medical &  
Public Health Officer, Kalahandi



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

(DISTRICT PROGRAMME MANAGEMENT UNIT)

PHONE/FAX: 06670-230998, EMAIL: [dpmukalahandi@gmail.com](mailto:dpmukalahandi@gmail.com)



**APPLICATION FORM**  
**(In-House selection)**

Advertisement No:		Photograph						
Name of the post applied for:								
01. Name of the Candidate (in Block Letter):								
02. Father's Name:								
03 Date of Birth:	04. District of Domicile:	05. Gender:						
06. Catagory (SC/ST/SEBC/UR):	07. Marital Status (Married / Un married)	08. Person with Disability / Ex-servicemen / Sport person						
09. Present Contact Address:	10. Permanent Address: -							
11. Contact Telephone / Mobile No:								
12. Email Address: (Mandatory)								
13. Regd. Number If available:								
14. Language Spoken / Written:								
15. Academic and professional Qualification details: (High School onward)								
Sl No	Exam Passed	Name of the Board / University	Year of passing	Marks (excluding 4 <sup>th</sup> optional)			Duration of Course	Remarks
				Full Marks	Marks secured	% of Marks		

*8/10*



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

(DISTRICT PROGRAMME MANAGEMENT UNIT)

PHONE/FAX: 06670-230998, EMAIL: [dpmukalahandi@gmail.com](mailto:dpmukalahandi@gmail.com)



16. Experience Details as on the date of Advertisement (starting from present / last employment): -

- Present Place of Posting for the post applied for (NOC cum Continuation Certificate to be attached):
- Date of joining (offer letter to be attached):
- Valid contract period (renewal order to be attached):
- No. of years served in same post (..... Days..... Month..... years)

**DECLARATION BY THE CANDIDATE**

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 information is false / incorrect or is suppressed by me, my candidature / appointment is liable to be rejected / terminated. I also declare that I have never been disengaged from service previously on administrative ground such as disobedience / poor performance / misbehaviour / criminal activities etc.

Further, I undertake that I shall produce all original certificates / documents in support of the above information at the time of interview / certificate verification.

Date :

Place :

**Full Signature of the Applicant**

***Candidates are required to attach the following documents along with the application form.***

1. One recent passport size colour photograph duly pasted at the designed space.
2. Self-attested photocopy of Identity Proof (Voter ID card / PAN card / Driving License / Aadhar Card / Passport).
3. Self-attested copies of all Mark sheet and certificate in proof of the claim made by the candidate relating to his/her educational qualification.
4. Self-attested copy of HSC or equivalent marks sheet and certificate (proof of age)
5. Self-attested copy of all educational certificates.
6. NOC and continuation certificate (from concerned CDM & PHO).
7. Last contract renewal order.
8. Self-attested copy of Caste Certificate & Residence Certificate issued by the competent Authority.