

**OFFICE OF THE CHIEF DISTRICT MEDICAL & PUBLIC HEALTH OFFICERS-
CUM- DISTRICT MISSION DIRECTOR, KALAHANDI**

Letter No 8838

Date 30-12-25

**Empanelment of Driver
Expression of Interest for Driver at District level.**

Expression of Interest is invited from individual for rendering services as Driver at Kalahandi district. These services include Fixed day service at District/ Block and Out of District level as per the requirements. The individuals will be paid on daily wages for giving defined services. S/he will provide services as per the requirements of this office. The assignment is subject to change as per the requirement. The empanelment of one Driver only for office of the undersign.

The minimum Qualification, age experience for empanelment of Driver is as follows:

- **Basic Requirement:** Must be Retired Govt. Driver from any Facility/ office having a valid LMV Driving License.
- **Age:** Not more than 62 years at the time of joining.
- **Character Certificate:** Conduct Certificate from last working Department/Office for Certification of good character / Physical fitness certificate / Medical certificate.

Candidates having the above required qualification may attend the Walk-In-Interview at Video Conference Hall of Office of the CDM. & PHO, Kalahandi with prescribed application form and required documents on dt 22/01/2026 (Registration time 10.00 AM to 11.00 AM).

The undersigned reserves the right to cancel/reject any or all the applications without assigning any reason thereof.

[Handwritten Signature]
30/12/25

Chief District Medical & Public Health Officer

Kalahandi
Date 30-12-25

Memo No 8839

Copy to the Notice Board of CDM&PHO, Kalahandi /DPMU, Kalahandi/ All Superintendent CHC for information & necessary action.

[Handwritten Signature]
30/12/25

Chief District Medical & Public Health Officer

Kalahandi

Application Form

(For the Post of Driver empanelment)

Fixed recent
passport size
colour
photograph

1. Name of the Individual:
2. Sex :
3. Date of Birth (dd/mm/yyyy):
4. Age (as on April-2025):
5. Address :

6. Contact No :
7. E-mail Id :

8. Education Qualification:
9. Valid DL
10. Medical certificate

11. Work experience Details:

12. Any other Information:

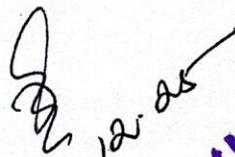
Declaration

I..... (name of the candidate) certify that my answers are true and complete to the best of my knowledge & belief. If this application leads to empanelment & subsequent opportunity to render services as Driver as per guidelines, I understand that false or misleading information in my application or response may result in my disqualification. Further I never restore any litigation/ the any dempalmnt.

Date:

Place: .
candidate

Signature of the


30.12.25

**Chief District Medical
& Public Health Officer
Kalahandi**