



**OFFICE OF THE CDM&PHO-CUM-DISTRICT MISSION DIRECTOR**

District Programme Management Unit, DPMU, NHM, Dist- Balangir-767001

E- mail: [nhmbalangir@gmail.com](mailto:nhmbalangir@gmail.com)



No.....1219

Date: ....27.03.2020

**COVID-19/Notification for Recruitment of Paramedical Staff**

Applications are invited from the eligible candidate for engagement of the following paramedical workers including the retired persons in the District on short term contractual (daily wage) basis for a period of three months i.e. till 30<sup>th</sup> June 2020, which may be extended, if required.

Sl. No.	Designated Staff	No. of Staff to be engaged	Remuneration as per the labour and ESI Deptt. Notification	COVID-19 incentive	Total remuneration per day
1	Staff Nurse	38	@ Rs.388 per day	Rs.612/per day	Rs.1000/-
2	Pharmacist	28	@ Rs.388 per day	Rs.612/per day	Rs.1000/-
3	Laboratory Technician	7	@ Rs.388 per day	Rs.612/per day	Rs.1000/-
4	Radiographer	13	@ Rs.448 per day	Rs.552/per day	Rs.1000/-
5	MPHW(M)	22	@ Rs.388 per day	Rs.462/per day	Rs.850/-
6	MPHW(F)	55	@ Rs.388 per day	Rs.462/per day	Rs.850/-

Interested candidate having requisite qualifications are requested to apply in prescribed format given in District Website [www.balangir.nic.in](http://www.balangir.nic.in) along with scanned document with proof of their qualification, age, identity, INC registration or other registration and photograph in the Email-ID i.e. [cdmobalangir@gmail.com](mailto:cdmobalangir@gmail.com) on or before **29/03/2020 up to 05.30 PM.**

**General Term & Condition:**

- The Mode of engagement will be on daily wage basic.
- The place of engagement will be decided by the authority as per requirement & the number of days to be work also to be decided by the authority as per work load.
- The engagement of the above employees shall be given till 30<sup>th</sup> June 2020. The duration may be extended further, if situation arise.
- The engagement is purely temporary and can be terminated at any point of time without assigning any reason thereof.
- The undersigned reserves the right to cancel / reject any or all the applications without assigning any reason thereof.

*(Signature)*  
27.3.2020

Chief District Medical & Public Health Officer,  
Balangir

Memo No. 1220 /

Date. 27.03.2020

Copy to the Notice Board of CDM&PHO, Balangir/ NIC district website/ DPMU NHM, Balangir/ Superintendent of All CHCs of Balangir district/ Collectorate, Balangir for information of the candidate.

*[Handwritten Signature]*  
27.3.2020

Chief District Medical & Public Health Officer,  
Balangir

Memo No. 1221 /

Date. 27.03.2020

Copy forwarded DIO, NIC Balangir for information and necessary action. He is requested to web host the above notification in the district website for wide circulation of the candidate.

*[Handwritten Signature]*  
27.3.2020

Chief District Medical & Public Health Officer,  
Balangir

## Annexure-I

## APPLICATION FORM

(Appointment of Contractual Doctors under Health &amp; Family Welfare Department., Govt. of Odisha)

Advertisement No.			Photograph				
Name of the Post			Identity Proof No.				
1.Applicant Name:							
2.Father's Name:							
3. Date of Birth:		4.District of Domicile:		5.Sex:			
6. Age as on date of walk-in-interview/counselling:							
7. Present Contact Address:			8.Contact Telephone No.:				
Permanent Contact Address:			Mobile No.:				
9.E-mail Address:							
10.Language spoken/written:							
11.Professional Qualification details:							
Sl. No.	Exam Passed	Name of Board/University	Year of passing	Marks (excluding 4 <sup>th</sup> optional)			Duration of course
				Full Mark	Marks secured	%of Marks	

*[Signature]*  
27-3-2020


12. Employment Record:

Total Years of post qualification Experience:

13. Experience Details (starting from present/ last employment):

Name of the Employer	Post Held	From Date	To Date	Total	
				Year	Month

14. District of preference:

**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 under Health & Family Welfare Department (OSH&FWS), Odisha is liable to be rejected / terminated. I also declare that I have never been disengaged under Health & Family Welfare Department, Govt. of Odisha on administrative ground such as disobedience / poor performances / misbehaviour / criminal activity etc.

Date:

Place:

List of enclosure(s):-

Full Signature of the Applicant

*[Signature]*  
29-3-2020