



## District Mission Directorate

OFFICE OF THE CHIEF DISTRICT MEDICAL OFFICER  
DISTRICT PROGRAM MANAGEMENT UNIT  
Department of Health & Family Welfare , Govt. of Odisha  
**Angul**



### ZILLA SWASTHYA SAMITI , ANGUL CONTRACTUAL ENGAGEMENT IN VIEW OF COVID - 19

No. 739

Date 26/03/2020



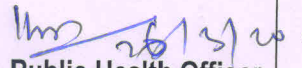
Zilla Swasthya Samiti , Angul offers an opportunity to the Qualified Specialists , MBBS Doctors , Staff Nurses & other Paramedics (Including Retired Persons) to serve to the people of Angul in the Govt. hospital of the District / MCH on short term contract basis for a period of 03 (Three) months i.e till 30<sup>th</sup> June-2020 , which may be extended , if required.

Srl. No.	Post	Vacancy	Per Day Honorarium in Rs/-
1	Specialist Doctors	Not Specific	5000 /-
2	M.O MBBS		3000/-
3	Staff Nurses	41	1000/-
4	Laboratory Technician	12	1000/-
5	Pharmacist	30	1000/-
6	Radiographer	08	1000/-
7	MPHW(Male)	48	850/-
8	MPHW(Female)	82	850/-

The eligible candidates who wish to join may walk -in to the office of the CDM & PHO , Angul during the office hours of the working days or can apply in the prescribed format as given below to [cdmoang@gmail.com](mailto:cdmoang@gmail.com). The following documents can be scanned and send along with the completely filled up application form over mail or carry the originals with a set of photocopy of the following documents while attending the walk-in interview on Dtd.30.03.2020.

1. Certificates in support of Qualification.
2. Age Proof.
3. Identity Proof
4. Odisha Medical Council Registration Certificate for Doctors / Registration of Nursing Council / Pharmacy Council etc.
5. One recent passport size colour photograph.
6. Relieve Order for Retired Personnel

The application form can be down loaded from the District web portal i.e [www.angul.nic.in](http://www.angul.nic.in) / <https://dhsodisha.nic.in> . The Angul District candidates are encouraged to apply however other District candidates can also apply. Except the above mentioned per day honorarium no other financial benefits are permissible. The engagement is purely temporary and can be terminated at any point of time without assigning any reason thereof.

  
Chief District Medical & Public Health Officer  
Angul.

National Health Mission, Angul ,Odisha , Pin -759122

Phone - 06764 - 231150 / Fax - 06764 - 233754, Email - [dpmuang@ymail.com](mailto:dpmuang@ymail.com)

## 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	


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