



OFFICE OF THE CDM & PHO, ANGUL

No-1792

Date-24/07/2020



WALK-IN-INTERVIEW UNDER COVID-19


A walk in interview shall be conducted for the post of Paramedics to be engaged in COVID CARE HOME (CCH)/COVID GRUHAs at Panchayat level of Angul District. The detail is as mentioned below.

SL No	Name of the post	Vacancy	Per day Honorarium in (Rs)	Eligibility	Date, Time & Venue of Walk-In- Interview	Mode of selection
1.	MPHW(F)	229	Rs. 850/- Only	Unemployed Trained and Registered MPHW (F)	05.08.2020 at 10.00 A.M in Govt. High School, Angul	Career and Interview

The eligible candidates of Angul district are hereby informed to attend the walk-in- interview on the above mentioned Date, Time & Venue with the following documents. (Original with a set of self attested Photocopies of the original documents).

1. Completely filled up application form as available in the district website i.e. www.angul.nic.in.
2. Certificates in support of Educations(10th and 10+2 Certificate and Mark sheet)
3. Certificate in support of Technical Qualification (Pass Certificate of Auxiliary Nurse & Midwives Examination (ANM) & Certificate of Registration of Odisha Nurses & Midwives Council)
4. Medical fitness Certificate.
5. Documents in support of Age Proof.
6. Identity Proof.
7. Residence Certificate.
8. Two Recent color Pass Port size photo graphs.

The engagement is purely temporary, for a period of 03 (three) months only or till COVID CARE HOMEs are functional, whichever is earlier, keeping in view the emergency situation arising due to COVID-19. The engagement is terminable at any period of time without assigning any reason thereof. Further, such engagement does not confer any right on the engagee for any future engagement/ regularization of such engagement. In view of spreading of COVID-19 the candidates are only allowed inside the campus of the venue and with proper mask, hand sanitization and they should maintain adequate distance from each other while appearing in the walk-in-interview. The undersigned is not responsible for any transport delay and the candidates appearing in the walk-in-interview are not permissible for any TA/DA. No ORV Rules to be implemented for the selection of the candidates as it is a temporary engagement. Personal correspondence regarding of the above walk-in-interview is strictly prohibited. Candidates are strictly informed not to submit their application and other documents over Email/Postal/Courier etc. Typographical error (if any) may be exempted


24.7.20
Chief District Medical & Public Health Officer, Angul

APPLICATION FORM

Adv. No.		Post Applying		Affix your recent attested colour passport size photograph here.			
1. Name of the Candidate (IN CAPITAL LETTERS)							
2. Father's / Husband's Name (IN CAPITAL LETTERS)							
3. Date of Birth (DD/MM/YYYY)		4. Age as on Dtd. 01/08/2020					
5. Residence		6. Gender (Male/Female)					
7. Nationality		8. Marital Status					
9. PRESENT CONTACT ADDRESS WITH PIN CODE				10. PERMANENT ADDRESS WITH PIN CODE			
11. Permanent Contact No. with STD Code (Land Line)				12. Mobile Number			
13. Personal E-Mail Address				14. Mother Tongue			
15. Mention Languages Read , Write , Speak (Maximum upto 03 Languages , put tick mark against each)	Languages	Read	Write	Speak	16. Type of Identity Proof Submitted		
	Oriya						
	English						
	Hindi						
20. EDUCATIONAL QUALIFICATION							
Srl. No.	Exam Passed	Board / University	Year of Passing	MARKS			Type of Course (Full/Part time), Distance Learning
				Total Marks	Mark Secured	%age of Marks	
1.	10 th Std./ Matriculation						
2.	10+2 / Equivalent						
3.	Nurses & Midwives Examination						

Full Signature of the Candidate.

21. EMPLOYMENT RECORD				
21A. Total Years of Post Qualification Experience				
21B. Total Years of Experience in Development Sector / NGO				
21C. Total Years of Experience in Government Sector				
Starting from your present Employment , list in reverse order all the employments you have had				
22A. Current Employment Details				
Name of the Firm / Organisation				
Address of the Firm / Organisation with Contact Number and E-Mail Address.				
From Month / Year	To Month / Year	Total Years of Experience in Current Employment	Designation	Monthly Gross Remuneration
Description of your major duties				
Reason for Leaving the Organisation				
22B. Previous Employment Details				
Name of the Firm / Organisation				
Address of the Firm / Organisation with Contact Number and E-Mail Address.				
From Month / Year	To Month / Year	Total Years of Experience in Employment	Designation	Monthly Gross Remuneration
Description of your major duties				
Reason for Leaving the Organisation				
N.B : Attach Extra Sheet for mentioning additional post qualification Experiences.				
DECLARATION BY THE CANDIDATE				
<p>I , do hereby declare that the information furnished above are true to the best of knowledge and belief and if at any stage it is found that any of the above material information is false / incorrect or is suppressed by me then my candidature / appointment is liable to be rejected/terminated. I also declare that I have never been disengaged from service / job previously on administrative ground such as poor performance , misconduct , disobedience , criminal offence etc. and further I shall produce all original documents and certificates in support of the above information prior to my appointment.</p>				
Date :			Full Signature of the Candidate	
Place :				