

# OFFICE OF THE CHIEF DISTRICT MEDICAL OFFICER-CUM-DISTRICT MISSION DIRECTOR DISTRICT PROGRAMME MANAGEMENT SUPPORT UNIT

NATIONAL HEALTH MISSION, MALKANGIRI



Mail cdmomkg@gmail.com

Phone/Fax: 06861-231543

No. 2219/2025

Date: <u>45</u> / 02 /2025

Application are invited from the contractual employees at NHM working in the same post under OSH&FW Society in other district desiring to be posted in Malkangiri District against the vacant post mentioned below.

SI No	Name of the Post	Vacancy	
01	Office Assistant (DPMU)	01	

Interested eligible in-house candidates may log in to <a href="www.malkangiri.nic.in">www.malkangiri.nic.in</a> for details terms and conditions and application form. The candidates should download the specific format & apply prescribed format to the office of the Chief District Medical & Public Health Officer-cum District Mission Director, Malkangiri on or before 20.03.2025 by 5.00 PM only through speed post/ registered post or Courier. Application received after the due date & time will not be considered. Number of vacancies under this advertisement is provisional which may be increase or decrease depending upon the actual vacancy. Time to time notification regarding status of section process will be web hoisted in district website. 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 postal delay.

Chief District Medical & Public Health Officer, Malkangiri



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### Other Terms & Conditions:

- All positions are contractual in nature for a period of 11 months. Which can be extended depending upon requirement and suitability.
- The application should reach the undersigned on or before 18.03.2025 by 5.00 PM through Courier.
   Regd. Post Speed Post only. The application must be superscripted as "Application for the post of Office Assistant" otherwise the application will be rejected. This office will not be held responsible for any postal delay. Incomplete application in any form will be rejected.
- The Criteria of selection shall be the highest Length of incumbency under the society & as per the reservation category applicable, if any.
- For the purpose of calculation of incumbency, the last uninterrupted Service in the same post under the society shall be taken into account.
- The application form need to be downloaded at <a href="www.malkangiri.nic.in">www.malkangiri.nic.in</a> and Filled in application form along with the color passport size photograph Self attested photocopies of all relevant certificates, mark sheets Experience certificate mentioning length of service & NOC shall be Submitted by the applicant.
- No personal query will be entertained.
- Selection will be done as per the guideline stipulated by Mission Directorate, NHM, Odisha.

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# **APPLICATION FORM**

Advertisen				photograph			
Post Appli							
1 Name of the Candidates							
( in Block Letters 2(i).Date of Birth	2(ii).Age as on date of advertisement.  3. Sex:						
4.Distric of Domicile	5.Please mention Category (SC/ST/OBC/SEBC/UR):						
6.Present Contact Address:	Permanent Contact Address:						
Pin Code:	Pin Code:						
9.Email Address:	10. Mobile No.:						
11.Languages spoken/writt	en:						
12.Computer Literacy:							
13. Academic & Professiona	Qualification :High sch	lool onwards, p	olease list all	your qualif	ications		
SI. Examination Passed	nation Passed Institute/Board/u niversity	Year of Passing	Marks			Duration	Full/Part Time
No.			Full Mark	Marks Secured	% of Mark	of course	Distance Learning
1							
2							
3							
4							
5							
14.Employment Record:							
Total years of post-qualifica	tion experience						
Years of experience in the D		50					



Years	s of experience in	Government						
15. D	etails of Employm	nent: (Use sepa	arate sheets if req	uired).				
Start	ing with your pres	sent employm	ent, list in reverse	order all the	employmer	nts you have h	ad.	
15. A	Current Employn	nent						
	From To Month/Year Month/ Year		Name of Employer:		Nature of Business:			
Desig	nation:							
Repo	rting to (Name, D	esignation &Co	ontac No of (supe	rvisor):				
Locat	ion of Employme	nt						
15 B.	Previous Employ	ment		-5.4				
SI. No.	Name of the post	From (DD/M/M /YY	To ( DD/MM/YY)	Location of Employment:		Name of Employer:		Nature of Business:

#### **DELARATION BY THE CANDIDATE**

I do here by 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/ misbehavior/ criminal activities etc,

Full Signature of the Applicant

## Note: The following documents are to be enclosed with application

- 1. Self-Attested photo copies of all Mark sheets & Certificate in proof of the claim made by the candidate relating to his/her educational qualification, age and other reservation option.
- 2. Two copies of passport size color self-attested photograph to be submitted along with the application
- 3. Photocopies self-attested of Cast Certificate issued by the Competent Authority.
- 4. Photocopies self-attested PWD Certificate, Sport person, Ex-serviceman.
- 5. NOC-cum-Continuation Certificate to be attached & experience certificate of previous employment.
- 6. One number of self-address envelop (Size 24" x 10") with stamp of Rs.40 (Forty Only)

In case of submission of incomplete application including non-attachment of one or more of the above document the candidate is liable to be rejected.