



ଓଡ଼ିଶା କୃଷି ଓ ବୈଷୟିକ ବିଶ୍ୱବିଦ୍ୟାଳୟ, ଭୁବନେଶ୍ୱର, ଓଡ଼ିଶା  
ODISHA UNIVERSITY OF AGRICULTURE & TECHNOLOGY  
Bhubaneswar - 751 003, Odisha

Website: www.ouat.ac.in  
-0674-2397818 / 919, Fax-0674-2397424

e-File No-OEII-ESTT-0031-2023 - 20930 / UAT.,

Dated. 02nd December, 2025

**ADVERTISEMENT**

Applications are invited from intending Doctors for engagement of Asst. Surgeon on contractual basis in OUAT Wellness Centre Bhubaneswar.

**Eligibility:-**

- The candidate must have possessed M.B.B.S. or equivalent degree from a Medical College or Medical Institution recognized by the Medical Council of India.
- The candidate must have a valid registration certificate under the Odisha Medical Registration Rule 1965.
- The candidate must have possessed required conversion certificates recognized by Medical Council of India (MCI) in case of candidate having Degrees from Universities of Foreign Countries.

**Age:-**

- The age of the applicant must be within 68 years for applying for the position subject to physical fitness.

**Remuneration:-**

- Monthly consolidated remuneration will be Rs.55,000/-.

The applications in the prescribed format along-with copy of supporting Documents should reach the office of the undersigned latest by **22.12.2025**.

  
Registrar

Memo No 20931 /UAT, Dated: 02.12.2025

Copy of the Advertisement along with application form forwarded to the Director, Planning, and Monitoring & Evaluation with a request to upload the same in the OUAT website for wide publication.

  
Asst. Registrar (Estt.)

PTO



Memo No 20932 /UAT , Dated: 02.12.2025

Copy of the advertisement forwarded to All Deans/Director/All ADRs, RRTTS/All Head, OUAT for information. They are requested to please display the advertisement on their respective notice board for wide publication.

  
Asst. Registrar (Estt.)

Memo No 20933 /UAT, Dated: 02.12.2025

Copy forwarded to the Comptroller for information and necessary action.

  
Asst. Registrar (Estt.)



## APPLICATION FORM

(Engagement of Contractual Doctors under OUAT Wellness Centre, Bhubaneswar)

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 advertisement:							
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	

PTO



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 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 / engagement under OUAT Wellness Centre, OUAT, Bhubaneswar 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 / misbehavior/criminal activity etc.

**Date:**

**Place:**

**List of enclosure(S):**

**Full Signature of the Applicant**