

Office of the Chief District Medical Officer, Sundargarh Dist. Program management Unit, NHM, Sundargarh (DPMU) Deptt. of Health & Family Welfare, Govt. Of Odisha



Advt No :3522 Walk-in interview (ଚାକିରି ସାକ୍ଷାକାର) Date: 4.10.2025

For Empanelment of MO & Part-time Specialist in AAM-UPHCs under NHM, Sundargarh

Expressions of Interest (EoI) is invited for empanelment of MO MBBS & Part time specialist to be engaged in Ama Clinic at UPHC under National Urban Health Mission, Sundargarh. The interested candidates have to apply as per the eligibility criteria mentioned below.

Sl.	Name of the posts	vacancy	Qualification & Remuneration
1	Medical Officer, (MBBS) in UAAM/UPHC	2	Passed MBBS degree having valid registration from OCMR. Remuneration-Rs.70,918/-+PI (up to 25%)
2	Part -Time specialist (O&G, Pediatric, Skin & VD, Medicine, Surgery, Ophthalmology,)	2 Nos in each specialist	Passed MBBS degree with PG in Concern Subject/Branch having valid registration from OCMR. Per Day -Rs.3750/-for 2 Sessions i.e. Morning & Evening
3	Part- time specialist in UPHC (Physiotherapist)	1	Passed BPT degree having valid registration from OCMR. Rs 750 /- Per Session (Maxm 32 session per month)

The above positions are purely temporary and co-terminus with the scheme. Interested candidates can log on to www.sundargarh.odisha.gov.in for details of vacancy, eligibility criteria, age, application form etc. Candidates fulfilling the eligibility criteria may apply in the Prescribed format duly signed by the candidate along with self-attested copies of all supportive documents to attend the Walk in Interview on Dt-16/10/25 at 11.00 AM in the "O/O CDM & PHO, DPMU, NHM,Sundargarh, At/Po-Sundargarh-770001,Dist-Sundargarh (Odisha). The authority reserves the right to cancel any or all application without assigning any reason thereof. The post may increase or decrease as per the requirement.

Sd/-

Chief District Medical & Public Health Officer, Sundargarh

ELIGIBILITY CRITERIA FOR PHYSIOTHERAPIST

Sl. No.	Criteria	Details
1.	Qualification	Bachelor's degree in Physiotherapy (BPT) from recognised institution / University . The Degree must be 4 ½ years of full time course including 6 month of compulsory internship. Reporting: Medical Officer of the UPHC
2.	Age limit	45 years as on date of advertisement
3.	Days & time of service	Fixed day assured service will be provided in the UPHC OPD/OPD will be opened once in a week from 8 A.M. to 11 A.M. and 5 P.M. to 8 P. M. (6 hours a day). Separate OPD register will be maintained for specialist service.
4	Job description of physiotherapist	The physiotherapist will treat the patients at the institution and in case need, the patient will be referred to the referral institutions. Separate register will be maintained for the respective department.
5	Specialist remuneration	Remuneration/fees will be paid to the specialist @750/- per session.
6	Selection procedure	The DHS will engage the specialist available from the panel. The candidate will apply as per the standard prescribed format. In case need, the CHS may conduct the interview of the candidate.
7	Name of the – UPHC-	Urban Primary Health Centres (UPHC)- I be allotted by Dist Health Society.
8	Attendance and payment procedure	Bio metric machine available in the institutions will be used for attendance of specialist. In case of non availability of bio metric machine, manual attendance to be maintained in the facility. The total amount as per the sessions held during the month will be transferred to the bank account of the specialist.
9	Records	Separate OPD register for the patient will be maintained in the institution
10	Reporting	Medical Officer of the UPHC

Application form: sl no 2 & 3

APPLICATION FOR EMPANELMENT OF PART TIME SPECIALIST:					
Name of the Candidate	:				
Specialisation	:				
Father's Name	:	City Name:			
Gender	:				
Nationality	:				
Communication Address	:				
Permanent Address	:				
Telephone Number	:				
Email ID	:				
Date of Birth(Copy of Proof)	:				
Qualification(Copy of Proof)	:				
(HSC / +2 / MBBS / PG / BPT/Registration No. And Photo ID Proof Photocopy to be Enclosed.)					
Present Position	:				

Signature & Date

Application-1

APPLICATION FORM

Advertisement No.						
Name of the Post						PHOTOGRAPH
					Identity	/ Proof No.
1. First Name:	Last Name:					
2. Date of Birth:	3. Age as on 01.10.20.	25	4. Distric	ct of Domic	ile:	5. Sex:
6. Please mention if SC	C/ ST/ OBC:					
7. Present Contact Addre	ess:	8.Pe	ermanent	Contact Add	dress:	
9. Email Address:		10.1	Mobile No	.:		
11. Languages spoken/v	written:	<u> </u>				
12. Education: High scho	ool onwards, please list all	l your qualif	ications			
	Name of the Board /	Year of	Marks (excluding optional)		g 4 th	Full/Part Time/
Exam Passed	University	Passing	Full Mark	Marks Secured	% of marks	Distance Learning

13. Employment Record:						
Total years of post qualification experience :						
Years of experience	Years of experience in OHS& FW Society:					
14. Details of Emplo	yment: (Use separate sh	eets if required).				
Starting with your pr	resent employment list in	reverse order all the employments, you have had.				
15 A. Current Employments:						
From Month / Year	ToMonth / Year	Designation				
Location of Employ	yment:					
Description of duties	:					
15B. Previous Emplo	yment:					
From	To Month / Year	Designation				
Month / Year	Month / Year					
Location of Employ	yment:					

Description of duties:							
PAR Details Format (Only for employee	es working under OSH&FW Soci	iety):					
Name of the Employee:							
, ,							
Present Designation:							
D	D .: D . I	To					
Remarks in PAR of Preceding Three Terms of Contractual Service.	Reporting Period	Remarks in the PAR					
Terms of contractad service.							
16. Enclosure (pl. specify the list of the							
1. Enclosure doc. Name(
3. Enclosure doc. Name(page no) 4. Enclosure doc name(page no)							
5.Enclosure doc. Name (page no) 6. Enclosure doc name (page no)							
7. Enclosure doc. Name(page no) 08. Enclosure doc name(page no)							
9.Enclosure doc. Name(page no) 10. Enclosure doc name(page no)							
11 Englesure des Nome							
11.Enclosure doc. Name							
13.Enclosure doc. Name(page no) 14. Enclosure doc name(page no)							
15.Enclosure doc. Name(page no) 16. Enclosure doc name(page no)							
(NB: add docs. With page nos. if required)							
Declaration: I hereby declare that all the information furnished above are correct to the best of my							
knowledge							
Date:		Signature of the Applicant					