



CITY HEALTH SOCIETY, SAMBALPUR
NATIONAL URBAN HEALTH MISSION , SAMBALPUR



Advt. No. 868

Date. 20.07.2019

Walk-in –interview for filling up of the following category of posts will be held on as per the below mentioned schedule which is purely on contractual basis under NUHM for a period of 11months, completion of the project or posting of regular doctor from OPSC whichever is earlier in Sambalpur District. Candidates selected shall be paid monthly remuneration & such other allowances/incentives as admissible under the norms of the society.

Sl. No.	Name of The Post	No of Vacancies	Consolidated Remuneration	Eligibility (Qualification)	Age limit	Date & Time of Interview
1	Medical Officer-UPHC	2	52920+ PI 25% on Base	MBBS Degree from an Institute recognised by Medical council Of India	Up to 68 years	29/07/2019(10.00 AM)

Interested candidate fulfilling the eligibility criteria mentioned above are required to attend the walk-in-interview in the office of Commissioner, SMC, Sambalpur as per the date & time mentioned against the post. The candidates should register their name before half an hour of scheduled time, failing which their candidature will not be entertained. **The candidates are required to bring the filled in application form as per prescribed format along with all their original certificates in support of their educational qualification, age, experience, photograph & one set of self attested photocopies of the same.** The candidate should not have been disengaged from any other society or from Medical Board on administrative ground such as disobedience, misbehavior, poor performance, criminal activity prior to applying for the post. **The application form and the selection criteria are available at SMC website www.smcsambalpur.nic.in.** The vacancy shown in advt. is provisional & subject to change as per requirement.. The undersigned reserve the right to cancel any or all the process without assigning any reason thereof.

Commissioner

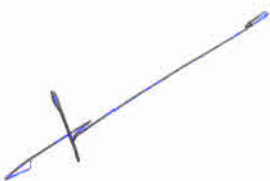
Sambalpur Municipal Corporation
Sambalpur

APPLICATION FORM

Post Applied for		Photograph					
Name of the District							
Name of the City							
1. First Name:		Last Name:					
2 (i). Date of Birth:	2 (ii). Age as on(01.07.2019):	3. Sex:					
4. District of Domicile:	5. Please mention Category (SC/ST/OBC/UR):						
6. Present Contact Address:		7. Permanent Telephone No: (STD Code) Number					
Permanent Contact Address:		8. Present Telephone No: (STD code)					
		Office number -					
9. Email Address:		10. Mobile No.:					
11. Languages spoken/written:							
12. Computer Literacy:							
13. Education: High school onwards, please list all your qualifications							
Sl. No.	Degree	Institute/Board & Location	Year	Marks			Full/Part Time/ Distance Learning
				Full Mark	Marks Secured	%	
1							
2							
3							
4							
5							



14. Employment Record:			
Total years of post qualification experience :			
Years of experience as Professional :			
Years of experience in Government:			
15. Details of Employment: (Use separate sheets if required).			
Starting with your present employment, list in reverse order all the employments you have had.			
15 A. Current Employment			
From Month / Year	To Month / Year	Name of Employer:	Nature of Business:
Designation:		Reporting to (Designation of supervisor):	
Location of Employment:			
15 B. Previous Employment			
From Month / Year	To Month / Year	Name of Employer:	Nature of Business:
Designation:		Reporting to (Designation of supervisor):	
Location of Employment:			
15 C. Previous Employment			
From Month / Year	To Month / Year	Name of Employer:	Nature of Business:
Designation:		Reporting to (Designation of supervisor):	
Location of Employment:			



16. References:

List two persons, not related to you, who are familiar with your experience and qualifications

Full Name, Address and Telephone No(s)	Designation, Organization & professional relationship

Any other relevant information:

I do hereby declare that the information furnished by me 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 or information is false/ incorrect or 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 activity etc.

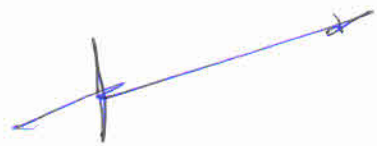
Signature of the Applicant

Note:

The following self attested documents are to be enclosed with application

1. Photo copies of all Mark sheets & Certificates, MBBS Certificate in proof of the claim made by the candidate relating to his/her educational qualification, age & experience.
2. Post qualification Experience certificate photocopy.
3. Two copies of passport size color photograph and self ID proof photocopy to be submitted along with the application.
4. Photocopy Cast certificate issued by the Competent Authority.
5. One number of self address envelop with stamp of Rs.25(Twenty Five)
6. No Objection Certificate from the appointing authority in case of employed.
7. Photocopy of Residential certificate issued by the Competent Authority. It should not be older than six month from the date of publication of this advertisement.
8. **No personal correspondence/ queries shall be entertained. All official communication shall be made through Email/ Official website/ Notice Board.**
9. Photocopy of valid Registration certificate from OMC/IMC approval.

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.



Rules & Criteria for the post Medical Officer-UPHC

➤ **Eligibility Criteria**

MBBS degree from an institution recognized by Medical Council of India.

Age: Up to 68 years.

➤ **Selection Criteria**

Viva Voce test shall be conducted during the walk in interview. The test shall be divided into five heads i.e.

- Subject Knowledge(Theory Applied)
- Past experience assessment
- General awareness and understanding of health system (concerned scheme in particular)
- Personality assessment- aptitude, confidence etc.
- Communication Skill –language, body language, comprehension.

Internal mark for different heads will be decided by the committee. In case two candidates secured equal marks, then the selection shall be made on the basis of their date of birth i.e. elder candidate shall be given first preference.

Valid registration certificate:

The candidate must have the valid registration from the Odisha Council of Medical registration.

JOB DESCRIPTION:

To attend OPD as per the mandated OPD hour in the Hospital that allotted by the Authority. To plan, support and monitor the community level activities as and when assigned by the Authority.

