



Orissa State Health & Family Welfare Society

Deptt. of Health & Family Welfare, Govt. of Odisha
Annex Building of SIH&FW, Nayapalli, Unit-8, Bhubaneswar-751012
Phone/Fax: 0674- 2392479/80/88



Adv. No. 121/12

CONTRACTUAL APPOINTMENT

Applications are invited from eligible SC / ST candidates for the posts of **AYUSH Doctors (Ayurvedic / Homeopathic / Unani doctors)** under National Rural Health Mission, Odisha on contractual basis and subject to renewal as per the society norms. Performance Incentives and Annual increment is admissible as per the norms of the society besides the remuneration noted against each post. **Candidate should be above 21 years and below 42 years of age as on 01.01.2012** (inclusive of the 5 years age relaxation).

| Sl. No. | Name of the Post | Vacancy | Base Remuneration per month (in Rs.) | Qualification |
|---------|--------------------|-------------|--|--|
| 01. | Ayurvedic Doctor | Total - 126 | 12,000/- (plus other allowances as admissible) | ❖ The candidate must have a Bachelor degree in Ayurvedic Medicine & Surgery (B.A.M.S) / Bachelor in Homeopathic Medicine and Surgery (B.H.M.S) as the case may be, from a recognized University. He /she must have completed the internship training if any. ❖ He/she should have passed Odia language in M.E. standard. ❖ Should have registered in the State Ayurvedic / Homeopathic Council and have renewed the license for the year, 2012. No provisional registration certificate will be entertained. |
| | | SC-34 ST-92 | | |
| 02. | Homeopathic Doctor | Total - 104 | 12,000/- (plus other allowances as admissible) | |
| | | SC-17 ST-87 | | |
| 03. | Unani Doctor | Total - 04 | 12,000/- (plus other allowances as admissible) | ❖ Must possess a degree in Unani System of Medicines from a recognized University included in the 2nd Schedule of Indian Medicine Central Council Act 1970. He/she must have completed the internship training if any. ❖ Should have registered in Unani Medicine under the Odisha State council of Ayurvedic Medicines and have renewed the license for the year' 2012. No provisional registration certificate will be entertained. ❖ He/she should have passed Odis language in M.E. Standard. |
| | | SC-01 ST-03 | | |

N.B:-

- ❖ Allotment of the district will be given to the candidates basing on their merit and option. For instance, the candidates can give their option of district in order of preference within a particular category, the candidates securing the maximum marks, will get the first preference.
- ❖ Residential Certificate is to be produced while applying for the post.
- ❖ The no. of vacancies are provisionsal and subject to change by the authority without notice depending upon the exigencies of service.
- ❖ Reservation for PH & Women will be as per the prevailing policy of Govt.
- † Age relaxation for PH Candidates will be as per the prevailing policy of Govt.

Candidates who are already working in Health Department either on regular or on contractual basis have to apply through proper channel. Application form and other details can be downloaded from the website (www.nrhmorissa.gov.in). Interested candidates fulfilling the eligibility criteria mentioned above are requested to apply to the undersigned **on or before 14.11.2012 through Regd. Post / Speed Post / Courier only and the application should be superscribed with the name of the post applied for.** Candidates who have been disengaged from the Society on administrative ground such as disobedience / Poor performances/ Misbehavior/ criminal activity etc. are not eligible to apply. Incomplete application in any form will be rejected. This office will not be held responsible for any postal delay. No other personal correspondences/enquiry will be entertained in this matter. All communication will be made through e-mail. The undersigned reserves the right to cancel the advertisement or modify the advertisement without assigning any reason thereof.

**Mission Director
NRHM, Odisha**

APPLICATION FORM

| Name of the Post | | | | Attested Photograph | | |
|--|----------------------------|---------------------------------|-------------------------|---|---|--|
| 1. First Name: | | Middle Name: | | Last Name : | | |
| 2. Date of Birth: | | 3. District of Domicile: | | 4. Sex: | | |
| 5. Please mention if SC/ ST: | | | | | | |
| 6. Present Contact Address: Permanent Contact Address: | | | | 7. Permanent Telephone No: (STD Code) Number | | |
| | | | | 8. Present Telephone No: (std code) Office number | | |
| 9. Email Address: | | | 10.Mobile No.: | | | |
| 11. Languages spoken/written: | | | | | | |
| 13. Education: High school onwards, please list all your qualifications | | | | | | |
| Degree | Institute/Board & Location | Year | Marks | | | Full/Part Time/ Distance Learning |
| | | | Full Mark | Marks Secured | % (Except 4 th optional) | |
| Matriculation | | | | | | |
| +2 | | | | | | |
| BHMS | | | | | | |
| BAMS | | | | | | |
| BUMS | | | | | | |
| P.G | | | | | | |
| Any other qualification | | | | | | |
| Regd. No. & Name of Odisha State Homeopathic Board / Ayurvedic Council | Regd. No | | Name of Board / Council | | | |
| | | | | | | |
| Declaration: I hereby declare that all the information furnished above is correct to the best of my knowledge. | | | | | | |
| Date | | Full signature of the Applicant | | | | |
| NOTE: Copies of the following documents duly attested are to be enclosed along with the application form: a) Recent Residential certificate issued by the Competent Authority. b) All mark sheets & certificates in proof of the claim made by the candidate relating to his/her educational qualification. c) Valid registration Certificate of Orissa State council of Homeopathic Board / Ayurvedic Medicines. d) Two copies of passport size coloured attested photograph to be submitted along with the application. e) Caste certificate issued by the Competent Authority. f) Order of preference for posting in the district is to be filled up in the format provided as Annexure "A". g) If a candidate comes under more than one category mentioned above s/he will be eligible for only one age relaxation benefit which shall be considered most beneficial to her/him. | | | | | | |

Order of preference for Posting in Districts

Annexure “A”

(Put 1, 2, 3,.....,29) against the district in order of preference.

| SI No | District Name | Preference |
|-------|---------------|------------|
| 1 | Angul | |
| 2 | Balasore | |
| 3 | Baragarh | |
| 4 | Bhadrak | |
| 5 | Bolangir | |
| 6 | Boudh | |
| 7 | Deogarh | |
| 8 | Dhenkanal | |
| 9 | Gajapati | |
| 10 | Ganjam | |
| 11 | Jagatsinghpur | |
| 12 | Jajpur | |
| 13 | Jharsuguda | |
| 14 | Kalahandi | |
| 15 | Kandhamal | |
| 16 | Kendrapara | |
| 17 | Keonjhar | |
| 18 | Khurda | |
| 19 | Koraput | |
| 20 | Malkangiri | |
| 21 | Mayurbhanj | |
| 22 | Nawarangpur | |
| 23 | Nayagarh | |
| 24 | Nuapada | |
| 25 | Puri | |
| 26 | Rayagada | |
| 27 | Sambalpur | |
| 28 | Sonepur | |
| 29 | Sundargarh | |

If preference is not provided, the application shall be rejected.

Date

Signature of the applicant