



ZILLA SWASTHYA SAMITI, BHADRAK
DISTRICT PROGRAMME MANAGEMENT UNIT, NHM
O/O- CDM&PHO, DIST- BHADRAK



NOTICE

Advt. No. 14/2021 Date: 02/12/2021

Expression of Interests are invited from individuals for Empanelment of Part time Specialist in AMA- Clinic (Geriatric & Non-Geriatric) at UPHCs & Physiotherapist at PHC-HWCs (District Bhadrak)

Expressions of Interests are invited from individuals for empanelment of Part time Specialist (O & G, Paediatric & Skin VD / ENT/ Dental / Medicine/ Eye) for AMA Clinic (Non- Geriatric) (**See Section-I**) & Part time Specialist (Medicine, Physiotherapist & Nutritionist) for AMA Clinic (Geriatric) at UPHCs (**See Section -II**) and Physiotherapist at PHC- HWCs (**See Section -III**) for Bhadrak district.

The application format & other details can be obtained from the district website www.bhadrak.nic.in and the application should reach to the **Office of the Chief District Medical & Public Health Officer, Bhadrak, PIN-756100 by dt-16/12/2021 (Up to 5.30 P.M.) through Registered/ Speed Post only. The envelope containing the application should be superscribed clearly the name of the post applied for ----- ref. advt. no. -----**.Application received after due date and time will not be considered. Incomplete application in any form is liable for rejection. No personal correspondences / enquiry will be entertained in this matter. The undersigned reserves the right to accept / reject any application and modify / cancel the advertisement without assigning any reason thereof. The above positions are purely temporary and co-terminus with the scheme. This office will not be responsible for any postal delay. Candidates are requested to visit the district website regularly to know status of their application. No personal communication will be made to any candidates through any other media.

**Chief District Medical & Public Health Officer,
Bhadrak**

ELIGIBILITY CRITERIA FOR PART TIME SPECIALIST FOR AMA CLINIC (NON GERIATRIC)				
Sl No.	Name of the Post	Eligibility Criteria	Honorarium	Selection Criteria
01	Part time O & G for AMA clinic	Age- No age Bar, subject to their physical fitness Minimum Qualification- MBBS degree from an Institution recognized by Medical Council of India with M.D in O&G. S/he must have valid registration from the Odisha Council of Medical Registration	1 day per week @ Rs.3000/- per day monthly 4 days	Interview
02	Part time for Paediatric AMA clinic	Age- No age Bar, subject to their physical fitness Minimum Qualification- MBBS degree from an Institution recognized by Medical Council of India with M.D in Paediatric. S/he must have valid registration from the Odisha Council of Medical Registration	1 day per week @ Rs.3000/- per day monthly 4 days	Interview
03	Part time for Skin VD/ENT/Dental/Medicine/ Eye for AMA clinic	Age- No age Bar, subject to their physical fitness Minimum Qualification- MBBS degree from an Institution recognized by Medical Council of India with M.D in Skin VD/ ENT/ Dental/ Medicine/ Eye. S/he must have valid registration from the Odisha Council of Medical Registration	1 day per week @ Rs.3000/- per day monthly 4 days	Interview

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Chief District Medical & Public Health Officer,
Bhadrak

Section-II

ELIGIBILITY CRITERIA FOR PART TIME SPECIALIST FOR AMA CLINIC (GERIATRIC)				
Sl No.	Name of the Post	Eligibility Criteria	Honorarium	Selection Criteria
01	Part time Medicine for AMA clinic	Age- No age Bar, subject to their physical fitness Minimum Qualification- MBBS degree from an Institution recognized by Medical Council of India with M.D in Medicine. S/he must have valid registration from the Odisha Council of Medical Registration	1 day per week @ Rs.3000/- per day monthly 4 days	Interview
02	Part time Physiotherapist for AMA clinic	Age- Upto 45 years as on 01-11-2021 for the post, subject to their physical fitness. Minimum Qualification- Bachelor's degree in Physiotherapy (BPT) from recognised institution	3 day per week @ Rs. 1000/- per day monthly 12 days	Interview
03	Part time Nutritionist for AMA clinic	Age- No age Bar, subject to their physical fitness Minimum Qualification- The person should have B.Sc (Home science) / Post Graduation in Home science / Nutrition in from recognised institutions.	2 day per week @ Rs. 1000/- per day monthly 8 days	Interview

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Chief District Medical & Public Health Officer,
Bhadrak

Section-III

Expression of Interest for Physiotherapy Services at PHC-HWC level (District: Bhadrak)

Expressions of Interests are invited from individual for rendering Physiotherapy at PHC-HWC level. Physiotherapy services include fixed day at PHC-HWC level & home visit to Home bound/ bed ridden cases as per guideline. The individuals will be paid session wise allowances for giving defined services. In addition to the service allowance S/he will get fixed travel allowance for field / home visit days only. S/he will provide services for 2 days in a week (1fixed day at PHC-HWC &1 day for field/ home visit) per PHC-HWC. She/he can be engaged to work maximum at 3 PHC-HWCs.

The Minimum qualification, age, & experience for empanelment to Physiotherapists as follows:

- **Education:** Bachelor degree in Physiotherapy i.e. BPT (4 year 6 month duration including internship) from a recognized university with 55 percentage of mark in BPT. (In case the marks obtained are in the form of CGPA, OGPA, DGPA, GPA, CPI etc., a certificate for conversion as applicable to percentage of marks shall be submitted at the time of submission of application form. Certificate towards AICTE/ UGC recognition of institutions/ Universities shall also be submitted wherever applicable, without which the application shall not be considered and shall be rejected. For others the total mark, mark secured related copies must be submitted for calculation of percentage of mark in aggregate.)
- **Age:** Not more than 50 years at the time of joining.
- **Experience:** Minimum 6 month of experience is preferable but not necessary.
- **Selection Criteria:** The selection will be done purely on merit basis based on the percentage marks secured in BPT examination.

Individual interested for the task shall have to apply in the prescribed format with documentary proof with written willingness for participating in the selection process.

Date:

Place:

M.T.
01/12/21

Chief District Medical & Public Health Officer,
Bhadrak

APPLICATION FOR EMPANELMENT OF PART TIME SPECIALIST

City Name:

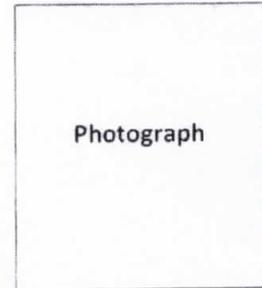
Name of the Candidate:

Father Name:

Sex:

Nationality:

Communication address:



Permanent Address:

Telephone number:

E-Mail:

Date of Birth (Copy of the proof)

Qualification (Copy of the proof)

Present working position

Date:

Place:

Full signature

A handwritten signature in blue ink, consisting of a stylized, cursive-like set of letters and a long, sweeping horizontal stroke extending to the right.

Application Form for Empanelment of Physiotherapist for Bhadrak District

1. Name of Individual:
2. Sex:
3. Age(As on 1"April 2021):
4. Address:
5. Contact Number
6. E-mail Id:
7. Educational Qualification (as per EoI):
8. Work experience (if any):
9. Any recognition/ award received:
10. Any Other Information:

Note: List of enclosure(s): Following documents are to be enclosed along with the application:

- a. Two copies of passport size colour self attested photographs. One copy of self attested photograph will however to affixed at the position in the application form.
- b. Self attested photocopies of documents in support of age, caste, qualification, experience etc.
- c. Self attested photocopy of Identity Proof (Voter ID card / PAN card / Driving License / Adhaar card / Passport).
- d. **NOC from current Employer if any (Date of issuance of NOC must not prior to the date of Advt.)**
- e. Experience Certificate from current employer if any.

Declaration

I _____ (name of the candidate) certify that my answers are true and complete to the best of my knowledge & belief.

If this application leads to empanelment & subsequent opportunity to render Physiotherapy services as per guidelines, I understand that false or misleading information in my application or response may result in my disqualification.

Date:

Place:

Name of the Candidate:

Signature:

