OFFICE OF THE CHIEF DIST. MEDICAL & PUBLIC HEALTH OFFICER: MAYURBHANJ

No. 2522 /Dated, Baripada, the 28th, Mar 2020.

DAILY WAGES ENGAGEMENT FOR COVID-19

Applications are invited from the eligible candidates in the prescribed format for engagement in the post of Staff Nurse, Pharmacist, Radiographer, Lab.Technician, MPHW (M) and MPHW (F) on **DAILY WAGE** basis in Mayurbhanj district up to 30.6.2020 for COVID-19. The applicants are requested to submit their applications through the email <u>cdmombj@gmail.com</u> as on 04.04.2020. A penal list will be prepared basing on Career assessment and will be hosted in the website <u>www.mayurbhanj.nic.in</u>. The selected candidates as per requirement will be intimated to join their duty through email/mobile number given in the application form. The original certificates will be verified at the time of their joining.

For model application form, numbers of posts & other information, please visit the website www.mayurbhani.nic.in.

Chief Dist.Medical &

52030

OFFICE OF THE CHIEF DIST. MEDICAL & PUBLIC HEALTH OFFICER: MAYURBHANJ

No. 2523 /Dated, Baripada, the 29 th, Mar 2020.

DAILY WAGES ENGAGEMENT FOR COVID-19

Applications are invited from the eligible candidates in the prescribed format for engagement in the following paramedical posts on **DAILY WAGE** basis in Mayurbhanj district up to 30.06.2020 for COVID-19. The applicants are requested to submit their applications through the email cdmombj@gmail.com as on 04.04.2020. A penal list will be prepared basing on career weightage (i.e., HSC excluding 4th Optional/equivalent-20%, +2 excluding 4th optional/equivalent-30% & Technical/Professional qualification- 50%) and will be hosted in the website www.mayurbhanj.nic.in. The selected candidates as per requirement will be intimated to join duty through email/mobile number given in the application form. The original certificates will be verified at the time of their joining.

Age limit: Not less than 21 years as on 01.03.2020.

The appointment is purely temporary and engagement will be given up to 30.06.2020.

The undersigned reserves the right to reject any or all the applications and modify / cancel the advertisement without assigning any reason thereof.

The numbers of requirement of Staff Nurses and other paramedics are:

SI. No.	Category of post	No. of posts	Remunerati on as per the Labour and ESI Deptt. Notification	COVID-19 incentive	Eligibility
1	Staff Nurse	65	Rs.388/- per day	Rs.612/- per day	Passed GNM/B.Sc Nursing from Govt.Medical Colleges of the State/any other Institutions duly recognized & approved by INC having valid Registration number. Selection will be made according to Career assessment. Weightage: HSC (excluding 4 th optional)/equivalent: 20%, +2 in any stream (excluding 4 th optional)/equivalent: 30% & GNM/B Sc Nursing: 50%
2	Lab Technician	28	Rs.388/- per day	Rs.612/- per day	Passed Diploma in Medical Laboratory Technology (DMLT) Course Govt.Medical Colleges of the State/any other institutions duly recognized & approved by AICTE. Selection will be made according to Career assessment. Weightage: HSC (excluding 4 th optional)/equivalent: 20%, +2 Science (excluding 4 th optional)/equivalent: 30% & DMLT: 50%
3	Radiographer	23	Rs.388/- per day	Rs.612/- per day	Passed Diploma in Medical Radiation Technology (DMRT) courses from any Govt. Medical College & Hospitals of the State or from any other AICTE approved Institute. Selection will be made according to Career assessment. Weightage: HSC (excluding 4 th optional)/equivalent: 20%, +2 Science (excluding 4 th optional)/equivalent: 30% & DMRT: 50%

4	Pharmacist	26	Rs.388/- per day	Rs.612/- per day	Passed D Pharm from Govt.Medical College of the State and any other recognized private institutions duly approved by A.I.C.T.E. and examination conducted by the Odisha Pharmacy Board & registered name in Odisha Pharmacy council. Selection will be made according to Career assessment. Weightage: HSC (excluding 4 th optional)/equivalent: 20%, +2 Science (excluding 4 th optional)/equivalent: 30% & D Pharm: 50%
5	M.P.H.W. (Female)	165	Rs.388/- per day	Rs.462/- per day	Passed Health Worker Female Training Course conducted by Odisha State Nursing and Midwives Board or passed out from INC approved Institutions either Govt. or private and having valid Odisha Nursing Council registration. Selection will be made according to Career assessment. Weightage: HSC (excluding 4 th optional)/equivalent: 20%, +2 in any stream (excluding 4 th optional)/equivalent: 30% & HW (F) Training Course: 50%
6	M.P.H.W. (Male)	159	Rs.388/- per day	Rs.462/- per day	Passed D Pharm from Govt.Medical College of the State and any other recognized private institutions duly approved by A.I.C.T.E. and examination conducted by the Odisha Pharmacy Board & registered name in Odisha Pharmacy council. Selection will be made according to Career assessment. Weightage: HSC (excluding 4 th optional)/equivalent: 20%, +2 Science (excluding 4 th optional)/equivalent: 30% & D Pharm: 50%

For model application form, please visit the website www.mayurbhanj.nic.in

DOCUMENTS TO BE SUBMITTED ALONGWITH THE APPLICATION

- Copy of certificates in support of qualification.
 Copy of age proof.
 Identity proof.
 Valid Registration of D/Pharm/GNM/B.Sc Nursing/DMLT/DMRT/HW (F) training course.
 Passport Size photograph.

SD/-Chief Dist.Medical & Public Health Officer, Mayurbhanj

APPLICATION FORM

	isement No.	* -				ecent Passport size hotograph.	self attested
Name	of the Post						
1. Ap	plicant Name:						
2. Fa	ther's Name:				*		
3. Da	Date of Birth:		4. District of Domicile:		5. Sex		
6. Ag	e as on 01.3.2020	Contact No.	ontact No. em		ail.id:		
7. Pr	esent Contact Address:		200	8. Permanent Con	tact Address:		
100			111				
9. Lar	nguages spoken/ written:		110			_	
10. C	ouncil Regd.No.		Valid up	to:			
10. C	ouncil Regd.No. rofessional Qualification detail	s:					th
10. C	ouncil Regd.No.	s:	Valid up Name of Board/ University		Mark S	iecured (excluding 4	
10. C	ouncil Regd.No. rofessional Qualification detail	s:	Name of Board/	Year of	Mark S Full mark	Secured (excluding 4	th optional) % of Mark
10. Co 11. Pr Sl. No.	ouncil Regd.No. rofessional Qualification detail	S:	Name of Board/	Year of			
10. Co	ouncil Regd.No. rofessional Qualification detail Exam Passed	5:	Name of Board/	Year of			

DECLARATION

I do hereby declare that the statement/information furnished above in this application and
documents submitted with this application are true and correct to the best of my knowledge and belief.
In the event of any of above information/documents being found false, fake, forged or incorrect at any
stage here after my candidature is liable to be rejected/terminated without notice to me and I shall be
liable for any action to be taken against me according to Law.

Date:			1967
Place:			
		8	Full signature of the Applicant

List of enclosure(s):-