



**OFFICE OF THE CHIEF DISTRICT MEDICAL & PUBLIC HEALTH OFFICER
CUM DISTRICT MISSION DIRECTOR, NHM, NUAPADA
(DISTRICT PROGRAMME MANAGEMENT UNIT, NHM)
E-mail: nhmnuapada@gmail.com**



Letter No. 1905 DPMU/NHM/2024

Date 24/6/2024

**Empanelment of Physiotherapist
Expression of Interest for Physiotherapist Services at PHC-HWC/UHWC/SC-HWC level**

Expression of interest is invited from individual for rendering Physiotherapy Services at PHC-HWC / UHWC / SC-HWC level of Nuapada district. Physiotherapy services include Fixed Day services at PHC HWC level and Home visits to Home bound / Bed ridden cases as per guidelines. The individuals will be paid session wise allowances (i.e. Rs 750/- per session) for giving defined services. In addition to the service allowances she/he will get fixed travel allowance for field / home visit days only. He/She will provide services for 2 days in a week (1 fixed at PHC HWC / UHWC & day for field / Home visit) per PHC HWC/ UHWC.

The minimum Qualification , Age, Experience of empanelment of Physiotherapist is as follows:

- Education** : Bachelor degree in Physiotherapy i.e. BPT (4 years 6 months duration including internship) from a recognized University with 55 percentage of mark of BPT.
Age : No more than 50 years at the time of joining
Experience : Minimum 6 month of experience is preferable but not necessary.

Candidate having the above required qualification may attend the Walk-in-Interview at Conference Hall, DHH, Nuapada with prescribed application form and required documents on dt. 11.07.2024..... (Registration time 10.00 AN to 12.00 N)

The undersigned reserves the right to cancel / reject any or all the application without assigning any reason thereof.

[Signature]
24/06/2024
CDM & PHO cum DMD
Nuapada

Memo No. 1906..... Date 24/6/2024.....

Copy to the Notice Board of Collectorate, Nuapada/ CDM & PHO, Nuapada / DPMU, Nuapada / All Superintendent CHC for information and necessary action.
Please visit the website - <https://nuapada.odisha.gov.in>

[Signature]
24/06/2024
CDM & PHO cum DMD
Nuapada

Memo No. 1907..... Date 24/6/2024.....

Copy to the DEGM, Nuapada for information and necessary action with a request to up load the Notice along with applicant form in the Dist. website on dt 25.06.2024 with heading of "Empanelment of Physiotherapist in PHC-HWC/ UHWC / SC HWC level of Nuapada district" for information of the prospective candidate to appear Walk-in-Interview on above schedule date and time.

[Signature]
24/06/2024
CDM & PHO cum DMD
Nuapada

Application Form

For the Post of Physiotherapist empanelment

1. Name of the Individual :
2. Sex :
3. Date of Birth (dd/mm/yyyy) :
4. Age :
5. Address :

6. Contact Number :
7. E-mail Id :
8. Education Qualification :
9. Work Experience (if any) :
10. Any recognition/award received :
11. Any other information :

Fixed recent
passport size
colour
photograph

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 Yoga Services as per guidelines, I understand that false or misleading information in my application or response may result in my disqualification.

Date:

Place:

Signature of the Candidate

scjank



Candidates are requested to attach the following documents along with the application form

6. Self attested copies of all educational documents
7. Two recent passport size photograph
8. Self attested photocopy of any identity proof
9. No Objection certificate if any
10. Post qualification experience certificate if any

Option for Placement of **Physiotherapist** (If Selected)

Sl. No.	Name of Block	Mark below against the name of the blocks from 1 to 5 as the choice of the blocks for empanelment (1 for 1 st Choice, 2 for 2 nd Choice and so on.....)
1.	Nuapada	
2.	Komna	
3.	Khariar	
4.	Sinapali	
5.	Boden	

Note:

- 3- The engagement of the part-time Yoga Instructor will be made in the PHC-HWC / UHWC / SC-HWC of the concerned block as per the available vacancy.
- 4- This choice list is to be used for placement of the eligible candidates as Part-time Yoga Instructor but not binding on the District Health Administration.

Full Signature of the Candidate :

Name of the Candidate :

Address :

Cont. Number :

Signature

