OFFICE OF THE CHIEF DISTRICT MEDICAL OFFICER, KEONJHAR

Advertisement No. 9054

Dated.20.12.2016

Contractual appointment for Ir. LT, Ir. RG, PHARMACIST & ATTENDANT Applications are invited from the eligible candidates in the prescribed format for the following different category posts to be filled up on contractual basis under "New Recruitment Policy" in accordance with GA department notification No-

32010/Gen dt. 12.11.2013 under CDMO Keonjhar

SINo	Name of the post	Vacancy
1	Jr. Laboratory Technician	Total-1 (ST-1)
2	Jr. Radiographer	Total-2 [SEBC-1, 5T-1]
3	Pharmacist	Total-1 (ST-1)
4	Attendant	Total-48 (UR-48) Female-16, P.H-Z.= (1-Low Vision, 1-Dealness as per P.H Rule

SD/- Chief Dist, Medical Officer, Keonjhar



Documents to be attached:

Candidates are to submit the photo capy of the following documents duly attested by a Gazetted officer.

- Mark sheet & certificate from HSC onwards in proof of age & qualification for Jr. L.T & Jr. Radiographer & Pharmacist posts and M.E. 7th Pass Certificate for Attendant Posts.
- 2. Valid Residential Certificate.
- Valid Employment Registration Card.
- 4. Caste Certificate.
- One passport size photograph duly attested by a gazetted officer to be affixed in the application form for the space provided.
- Candidates working in the Central Plan Scheme/ State Plan Scheme & External Aided Scheme should submit the "No Objection Certificate" signed by the appointing authority.
- Experience Certificate from the appointing authority, if applicable.
- All the document should be page marked.

8

Recruitment Procedure:

Recruitment of the post of paramedics (Jr. LT, Jr. Radiographer, Pharmacist & Attendant shall be made by way of career assessment.

ELIGIBILITY CRITERIA:-

- i). Nationality She / he must be a citizen of India.
- ii) Age limit A candidate must have attained the age of 18 years and must not be above the age of 32 years for Attendant & 21 to 32 years for other posts. ふいつ サルスノープラースの16.

Provided that the upper age limit in respect of the entire reserved category will be relaxed as per the rule, Act, order or instructions of the Govt.

Paramedics engaged on contractual basis under central plan scheme/ state plan scheme and externally aided scheme will be consider for the age of 45 years.

EDUCATIONAL QUALIFICATION:-

Jr.Laboratory Technician

Must have passed +2 Sc. Examination under CHSE, Odisha/ equivalent & passed Diploma in Medical Laboratory Technology from any of the three Govt. medical college & hospital of the state/ any other private institution recognized by Govt. of Odisha or AICTE.

JUNIOR RADIOGRAPHER

Must have passed +2 Sc. Examination under CHSE, Odisha/ equivalent & passed Diploma in Medical Radiation Technology from any of the three Govt. medical college & hospital of the state/ any other private institution recognized by Govt. of Odisha or AICTE.

PHARMACIST

Must have passed +2 Sc. Examination under CHSE, Odisha/ equivalent & Diploma in Pharmacy from any of the three Govt. medical college & hospital of the state/ any other private institution duly recognized by Pharmacy Council of India/ AICTE.

ATTENDANT

Must have passed M.E. (07th Examination) or equivalent and can read write and speak odia. The 7th pass certificate must be verified by Block Education Officer & then be countersigned by the concerned District Education Officer only applicable for the selected candidates.

SELECTION PROCEDURE:-

The selection of all the paramedics will be done on merit basis based on the career assessment.

CAREER ASSESSMENT:- (Total marks-100)

Examination Weightage
HSC (excluding 4th optional/ equivalent) - 20%
+2 / equivalent (excluding 4th optional/ equivalent) - 30%
Technical Examination (DMLT, DMRT, PHARMACY) - 50%

Provided that contractual paramedics working in Central Plan Scheme / State Plan Scheme / Externally Aided Scheme who have recruited in due procedure shall be allowed one percent extra mark i.e. one mark for each complete year as the total mark is 100 (one hundred) for each complete year of continuous service to a maximum of fifteen percent to the mark secured while deciding the merit list.

APPLICATION FORM R. F. LT. J. Ruboscopher , phonones

Post Applied for					Self attests	ed Photograp	
Name of the Applicant:			1:				
2. Father's/Husband Name :			_				
3 Date of Birth / so nor USO	Carle La La Nati			445			
- Jose of Birth (as per nac	Date of Birth (as per HSC Certificate): 4. District of Domicile:				5. Sex (M/F):		
 Please mention if SC/ S 	T/ SEBC/UR :						
7. (A) Present Address:				8. Present T (STD Code)		02.4	
(B) Permanent Address:				9. Permanent Telephone No: (STD code) Office number			
10. Email Address:		11.M	obile No.				
2. Languages spoken/writte	en:						
3. Educational Qualification	: (HSC onwards, please mer	ition all your	qualificat	ion)			
		1		Marks			
Qualification Institute/Board & Location		Year of passing	Full Mark	Marks Secured (without 4 th optional)	% of mark	Full/Part Time/ Distance Learning	
Matriculation (10 th)							
ntermediate (+2)						1,	
DMLT/ DMRT/ D.Pharma Course							
ny other (Please mention)							
4. Experience, if any:							
Total years of post qualifica	lion experience						
Years of experience in Cent	ral Plan Scheme/ State Plan S	Scheme/ Exter	nal Aided	Scheme :			

15. Details of Employment: (Use separate sheets if required).

Starting with your present employment, list in reverse order all the employments you have had.

SI. No	Name of the Organisation	Designation	Employment period	Total yrs. of experience

DECLARATION

I do hereby declare that the information given above are true and to the best of my knowledge and belief. If anything found false or incorrect in future, I will be held responsible.

Date:

Signature of the Applicant

Note:

- One copy of passport size colour self attested photograph to be submitted along with the application.
- Valid Residential, Caste & Employment Exchange Regd. Certificate issued by the competent authority (self attested).
- Self attested photo copies of all mark sheets/certificates in proof of age & educational qualification starting from HSC.
- Experience Certificate if any from appointing authority.

NOC from appointing authority.

8

APPLICATION FORM FOR THE POST OF ATTENDANT ON CONTRACTUAL BASIS

1. Name of the Applicant

	(in Black Letters)					
2.	Father's Name/ Guardian	3				
3.	Permanent address with Mob. No	3				
4.	Date of Birth (as per M.E. Certificate) :				
	Age as on Date of Application	:				
5.	Sex					
6.	Caste (UR/ SEBC / ST /SC)	:				
7.	Mark Sheet Certificate with M.E. Sch by the applicant with seal and signed					
8.	Number of Full Mark:-	Mark Secured	d :-		Mark percentag	e:-
9.	If, applicant is working in the any Go under H&F.W. Deptt., required certif					different scheme
	Important Instruction:- Prior to app the different level i.e. concerned so Mark Sheet will be found false during	chool / Block	Edu	cation (Officer / Dist. Education	on Officer if any
	During the verification of mark sheet found / records are not available suc					ive roll are not
					Signature of the	e Applicant
		DECLAR	ATIO	N		
inf	I, Sri /Ku./Smt ormation mentioned in the application	n are true to	the b	est of n	do hereby decla ny knowledge and beli	re that all the ef.
		UNDERT	AKIN	<u>IG</u>		
kn	I, Sri /Ku./ Smtove certificate of mark sheet provid owledge and belief during the verifica inished as per rule.	ed with self	atte	station	by me is genuine to	the best of my
	*					

Signature of the Applicant