
	APPLICATION FORM					
Post Applied for	Paramedic (SN / ANM / LT / Pharmacist) <i>(Tick (✓) for the post)</i>	Photograph				
1. First Name: _____ Last Name _____						
2. Sex: _____	3. Date of Birth & 4. Age as on 01/12/2017	5. District of Domicile				
6. Please mention if SC/ST/SEBC/UR:						
7. Present Contact Address with Telephone No.		8. Permanent Contact Address:				
9. Mobile No.						
10. Education: High School onwards, please list all your qualifications						
Degree (Starting from 10th onwards)	Institute/Board & Location	Year	Marks			Full/Part Time/Distance Learning
			Full Mark	Marks Secured	%	
11. Orissa Nursing Council Registration Number:						
12. Employment Record:						
Total Years of post qualification experience:						
Years of experience in the Development Sector/ NGO :						



Years of experience in Government:		
Complete terms of uninterrupted service under OSH&FWS (if any):		
13. Details of Employment: (Use separate sheets if required)		
Starting with your present employment list in reverse order all the employments you have had		
12A. Current Employment:		
From Month/Year	To Month/ Year	Designation
Location of Employment:		
Description of your duties:		
12B. Previous Employment:		
From Month/Year	To Month/ Year	Designation
Location of Employment		
Description of your duties:		
12C. Previous Employment		
From Month/Year	To Month/ Year	Designation
Location of Employment:		
Description of your duties:		
Date:		
Place:		Signature of the Applicant

Note:



Note:

List of enclosure(s): The 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 residential, caste, age, qualification, experience etc.
- c. Self attested photocopy of Identity Proof (Voter ID card / PAN card / Driving License / Adhaar card / Passport).
- d. Candidates, who are working under OSH&FWS uninterruptedly on contractual basis, have to submit Experience Certificate & NOC from the employer (appointing authority) at the time of submission of application, without which the claim for additional weightage will not be taken into consideration.

Handwritten signature

APPLICATION FORM FOR THE POST OF PAEDIATRICIAN, DEIC.

	APPLICATION FORM (TO BE FILLED IN CAPITAL LETTER)	
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Advertisement No.:

Post Applied for	Paediatrician, DEIC	Photograph
		Identity Proof – Type & No.

1. Applicant's First Name: _____ Last Name: _____

2. Father's Name: _____

3. Date of Birth: _____ Age as on: 01-12-2017

4. Sex: _____	5. District of Domicile _____
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6. Present Contact Address with Telephone No. _____	7. Permanent Contact Address: _____
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8. Mobile No. _____

9. E-MAIL ID: _____

10. Language Spoken / Written: _____

11. Professional Qualification Details:

Sl. No.	Exam Passed	Name of Board / University	Year of passing

[Handwritten Signature]

12. MCI Registration No.:

13. Employment Record:

Total Years of post qualification experience:

Complete terms of uninterrupted service under OSH&FWS (if any):

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

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

Name of the employer	Post Held	From Date	To Date	Total	
				Year	Month

Declaration. I do hereby declare that the information furnished above are true to the best of my knowledge and belief and that, if at any stage, it is found that any of the above material information is false / incorrect or is suppressed by me, my candidature / appointment under Odisha State Health & Family Welfare Society (OSH&FWS), Odisha is liable to be rejected / terminated. I also declare that I have never been disengaged from service under the OSH&FWS, Odisha on administrative ground such as disobedience / poor performances/ misbehavior/ criminal activity etc.

Date:

Place:

Full Signature of the Applicant



Note:

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

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- Self attested photocopies of documents in support of residential, caste, age, qualification, experience etc.
- Self attested photocopy of Identity Proof (Voter ID card / PAN card / Driving License / Adhaar card / Passport).
- Candidates, who are working under OSH&FWS uninterruptedly on contractual basis, have to submit Experience Certificate & NOC from the employer (appointing authority) at the time of interview, without which the claim for additional weightage will not be taken into consideration.



**APPLICATION FORM FOR THE POST OF
Medical Officer (MBBS) STD Clinic / SNCU / DEIC / NUHM, Bhadrak.**

	APPLICATION FORM (TO BE FILLED IN CAPITAL LETTER)	
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Advertisement No.:		
Post Applied for	Medical Officer (MBBS), STD Clinic / Medical Officer (MBBS), SNCU / Medical Officer (MBBS), NUHM/ Medical Officer (MBBS), DEIC <i>(Tick (✓) for the post)</i>	Photograph Identity Proof – Type & No.

1. Applicant's First Name:	Last Name:
2. Father's Name:	
3. Date of Birth:	Age as on: 01-12-2017
4. Sex:	5. District of Domicile
6. Present Contact Address with Telephone No.	7. Permanent Contact Address:
8. Mobile No.	
9. E-MAIL ID:	
10. Language Spoken / Written:	
11. Professional Qualification Details:	

Sl. No.	Exam Passed	Name of Board / University	Year of passing

12. MCI Registration No.:

90A

13. Employment Record:

Total Years of post qualification experience:

Complete terms of uninterrupted service under OSH&FWS (if any):

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

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

Name of the employer	Post Held	From Date	To Date	Total	
				Year	Month

Declaration. I do hereby declare that the information furnished above are true to the best of my knowledge and belief and that, if at any stage, it is found that any of the above material information is false / incorrect or is suppressed by me, my candidature / appointment under Odisha State Health & Family Welfare Society (OSH&FWS), Odisha is liable to be rejected / terminated. I also declare that I have never been disengaged from service under the OSH&FWS, Odisha on administrative ground such as disobedience / poor performances/ misbehavior/ criminal activity etc.

Date:

Place:

Full Signature of the Applicant



Note:

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- Self attested photocopy of Identity Proof (Voter ID card / PAN card / Driving License / Adhaar card / Passport).**
- Candidates, who are working under OSH&FWS uninterruptedly on contractual basis, have to submit Experience Certificate & NOC from the employer (appointing authority) at the time of interview, without which the claim for additional weightage will not be taken into consideration.**



**APPLICATION FORM FOR THE POST OF
MEDICAL OFFICER (PART TIME) O&G SPECIALIST & PAEDIATRICIAN**

	APPLICATION FORM (TO BE FILLED IN CAPITAL LETTER)		
Advertisement No.:			
Post Applied for	Part Time O & G SPECIALIST / PAEDIATRICIAN <i>(Tick (✓) for the post)</i>	Photograph	
		Identity Proof – Type & No.	
1. Applicant's First Name:		Last Name:	
2. Father's Name:			
3. Date of Birth:		Age as on: 01-12-2017	
4. Sex:		5. District of Domicile	
6. Present Contact Address with Telephone No.		7. Permanent Contact Address:	
8. Mobile No.			
9. E-MAIL ID:			
10. Language Spoken / Written:			
11. Professional Qualification Details:			
Sl. No.	Exam Passed	Name of Board / University	Year of passing
12. MCI Registration No.:			
13. Employment Record:			

Handwritten signature/initials

Total Years of post qualification experience:					
Complete terms of uninterrupted service under OSH&FWS (if any):					
14. Details of Employment: (Use separate sheets if required)					
Starting with your present employment list in reverse order all the employments you have had:					
Name of the employer	Post Held	From Date	To Date	Total	
				Year	Month

Declaration. I do hereby declare that the information furnished above are true to the best of my knowledge and belief and that, if at any stage, it is found that any of the above material information is false / incorrect or is suppressed by me, my candidature / appointment under Odisha State Health & Family Welfare Society (OSH&FWS), Odisha is liable to be rejected / terminated. I also declare that I have never been disengaged from service under the OSH&FWS, Odisha on administrative ground such as disobedience / poor performances/ misbehavior/ criminal activity etc.

Date:

Place:

Full Signature of the Applicant

Note:

List of enclosure(s): The 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.
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- d. Candidates, who are working under OSH&FWS uninterruptedly on contractual basis, have to submit Experience Certificate & NOC from the employer (appointing authority) at the time of interview, without which the claim for additional weightage will not be taken into consideration.

