

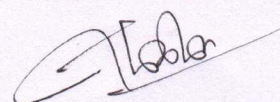
Office of the Additional District Urban & Public Health Officer, Bhubaneswar
Deptt. Of Health & Family Welfare, Govt. of Odisha

Empanelment of AYUSH MOS ,ANM, Staff nurse & pharmacist for COVID-19

Application are invited for eligible candidates as per prescribed format for empanelment of AYUSH MOS registered ANM ,HWFS for engagement in COVID management works . In case, this category of manpower registered Staff nurse or Pharmacist will be engaged in place of ANMs under the ADU & PHO, Bhubaneswar. Engagement will be purely temporary in nature on daily wage basis , & to be filled on daily wages basis from the empanelled list of candidates . Validity of empanelment list will be for three months. Last date for receiving of application mentioned against the post.

For AYUSH MOs the candidates who are permanent residents of the State and who are below 50 years of age, having requisite BAMS/BHMS degree from recognised institute of Govt of India or the State Govt. shall be eligible to apply

Sl.no	Name of the Category to be engaged	Basic requirement	Total remuneration per day	Last date for receiving the application
1	AYUSH MOs	Age limit : upto 50 yrs	@ 2200 per day /-	5.05.2021 by 4 pm
2	ANM	Unemployed trained and registered ANMs	@Rs 850 per day /- if engaged in Covid Care Facilities /RRT or other works except COVID- 19 vaccination @500 per day if engaged for any works related to COVID-19 vaccination	
3	Staff Nurse	Unemployed trained and registered Staff Nurse & Pharmacist	@Rs 1000/- per day	
4	Pharmacist			



Terms & Conditions

The Empanelment & engagement shall be made on the following terms and conditions:

1. The engagement is purely temporary, empanelled list will be valid for a period of 03 (three) months initially, keeping in view the emergency situation arising due to covid-19.
2. The merit list will be prepared based on professional qualification marks.
3. The engagement is terminable at any period of time without assigning any reason there of. Further, such engagement does not confer any right on the engage for any future engagement / regularisation of such engagement.
4. The remuneration shall be on daily – wage basis as per details mentioned in the table above, i.e., as per labour and ESI department notification no. 11688/LC (Pharma) dated 07.11.2019
5. In case of non-availability of ANMs, the ADU & PHO may engage alternatively, unemployed and trained staff Nurses / Pharmacists in order of preference as mentioned in the table above with daily remuneration @ Rs.1000/-.
6. As mentioned the honorarium of HW(F)s will depend on nature of duty they will be allotted i.e Rs 500/- for COVID -19 vaccination duty & Rs 850 for COVID duty other than Vaccination.

The following documents are to be attached with the application form.

1. Two passport size recent photographs self attested.
2. Self attested photo copy of HSc / equivalent examination certificate & mark sheet.
3. Self attested photo copy of professional certificates, mark sheets of professional course & valid registration certificate.
4. Undertaking for unemployed.
5. Self attested photo copy of identity proof like Voter identity card / aadhar card / PAN card.



Application form

Appointment for daily wages ANM, Staff Nurse & Pharmacist for COVID-19
(To be filled up by the Candidates in their own handwriting)

Advertisement no.				Photo			
Name of the Post							
1.Name of the Applicant							
2.Fathers name				Identity Proof no.			
3.Date of birth				4.District Domicile:			
5.Age as on date of Walk-in- interview				6.Sex			
7. Present Contact Address				8. Contact Tel no.			
9. Permanent Address							
10. E- mail Id							
11. Language Spoken/written							
12. Professional qualification details:							
Sl.no	Exam passed	Name of the Board University	Year of passing	Marks(excluding 4 th optional)			Duration of Course
				Full mark	Mark secured	% of Marks	
13. Employment record:							
Total years of post qualification experience:							
14.Experience details							
Name of the Employer	Post Hold	From Date	To Date	Total			
				Year	Month		

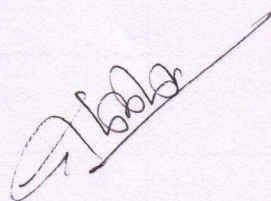
15.GP of Reference					

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 health & family welfare Department (OSH&FWS), Odisha is liable to be reject / terminated. I also declare that I have never been disengaged under Health & family Welfare Department, Govt. Of India on administrative ground such as disobedience / poor performance/ misbehavior/ criminal activity etc.

Date:
Applicant

Place:

Full of the Signature of the



APPLICATION FORM

1. Name of the candidate:
2. Date of Birth:
3. Age:
4. Sex:
5. District Domicile:
6. Present contact address with Telephone No.

7. Permanent Contact Address:

8. Educational Qualification: BAMS/BHMS

Year	Full mark in final BAMS/BHMS examination	Mark secured in final BAMS/BHMS examination	% of mark

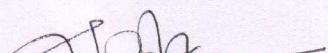
9. Documents to be enclosed:

- i. HSC or its equivalent certificate
- ii. BAMS/BHMS Pass certificate
- iii. Houseman ship completion certificate
- iv. Final BAMS/BHMS mark sheets
- v. Registration certificate obtained from Central (CCH/CCIM) or Odisha State Council/Board of Ayurvedic/Homoeopathic Medicines
- vi. Any proof indicating the residential address.
- vii. Undertaking for sound physical and mental ability to serve the people in the outbreak of COVID-19.

Date:

Place:

Signature of the Applicant



Undertaking

I _____ S/o, D/O, W/o: _____

At- _____, Po: _____ PS: _____

Dist: _____ Applied for the Post of _____

(Daily Wages) on short-term basis (COVID-19) I was completed _____

Course in the year _____ and Regd. No. _____, undertake

that now I am not engaged at any Govt. / Semi Govt. / Private Sector / and other

Corporation, etc. if it is found that any engagement in such sector, then my

candidature will be stands cancelled.

Date: _____

Full Signature of Candidate

Place: _____

Contact No. _____

e-Mail ID: _____

