

Novel Corona Virus (Covid-19)

General Instructions for engagement of Doctors / Staff Nurse & other paramedics for Covid-19

1. Apply to the concerned Directors / CDM&PHOs in the prescribed format for contractual appointment directly by walk in or through e-mail.
2. Attach scan copy of following original documents & recent passport size photographs
 - a. Certificates in support of Qualification.
 - b. Age proof
 - c. Identity proof
 - d. Odisha Medical Council registration certificate for Doctors / Registration of Nursing Council / Pharmacy Council, etc.
 - e. A set of photocopy of the above documents.
 - f. One pass port size photograph
3. The e-mail ID of the Directors & CDM&PHOs are given below:

E-mail I.D of Director / CDM&PHOs		
Sl. No	District	E-mail IDs
1	Anugul	cdmoang@gmail.com
2	Balasore	cdmobalasore14@gmail.com
3	Baragarh	cdmo.baragarh@gmail.com
4	Bhadrak	cdmobdk@rediffmail.com
5	Bolangir	cdmobalangir@gmail.com
6	Boudh	cdmoboudh11@gmail.com
7	Cuttack	cdmocuttack@gmail.com
8	Deogarh	cdmodeogarh@gmail.com
9	Dhenkanal	cdmodkl2012@gmail.com
10	Gajapati	gajapaticdmo@gmail.com
11	Ganjam	cdmoganjam@rediffmail.com
12	Jagatsinghpur	cdmojagatsinghpur@gmail.com
13	Jharsuguda	cdmojharsuguda@gmail.com
14	Jajpur	cdmojajpur@gmail.com

15	Kalahandi	cdmokalahandi@rediffmail.com
16	Kendrapara	cdmokenrapara@gmail.com
17	Keonjhar	keonjharcdmo@gmail.com
18	Kandhamal	cdmophulbani@gmail.com
19	Khurdha	cdmokhordha@gmail.com
20	Koraput	cdmokenraput@gmail.com
21	Mayurbhanja	cdmombj@gmail.com
22	Malkangiri	cdmomkg@gmail.com
23	Nayagarh	cdmonayagarh@gmail.com
24	Nabarangapur	cdmonabarangpur@gmail.com
25	Nuapada	cdmonuapada@gmail.com
26	Puri	cdmopuri2012@gmail.com
27	Rayagada	cdmorayagada@gmail.com
28	Sambalpur	cdmosambalpur@gmail.com
29	Sonepur	cdmosonepur@gmail.com
30	Sundargarh	sngcdmo@gmail.com
31	RGH, Rkl	directorrrghourkela@gmail.com
32	Capital Hospital, BBSR	director.chb@gmail.com

4. Application format is attached below:

APPLICATION FORM

(Appointment of Contractual Doctors under Health & Family Welfare Department., Govt. of Odisha)

Advertisement No.			Photograph				
Name of the Post			Identity Proof No.				
1.Applicant Name:							
2.Father's Name:							
3. Date of Birth:		4.District of Domicile:		5.Sex:			
6. Age as on date of walk-in-interview/counselling:							
7. Present Contact Address:			8.Contact Telephone No.:				
Permanent Contact Address:			Mobile No.:				
9.E-mail Address:							
10.Language spoken/written:							
11.Professional Qualification details:							
Sl. No.	Exam Passed	Name of Board/University	Year of passing	Marks (excluding 4 th optional)			Duration of course
				Full Mark	Marks secured	%of Marks	

12. Employment Record:							
Total Years of post qualification Experience:							
13. Experience Details (starting from present/ last employment):							
Name of the Employer	Post Held	From Date	To Date	Total			
				Year	Month		
14. District of preference:							

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 rejected / terminated. I also declare that I have never been disengaged under Health & Family Welfare Department, Govt. of Odisha on administrative ground such as disobedience / poor performances / misbehaviour / criminal activity etc.

Date:

Place:

List of enclosure(s):-

Full Signature of the Applicant