# TAL HEALTH M

#### OFFICE OF THE CHIEF DISTRICT MEDICAL OFFICER, CUTTACK

#### ZILLA SWASTHYA SAMITI, CUTTACK



Advertisement No: 3962/DPMU/NHM /2024

Dates: 14/03/2024

#### Walk-In-Interview

Walk-in-Interview for the post of **Psychiatric Nurse** at City Hospital (DHH), Cuttack (01 No.) under NHM will be conducted on dated- **22/03/2024** in the Office Chamber of the CDM & PHO, Cuttack on contractual basis for a period of **11** months. Interested candidates:-

i. Must have passed General Nursing & Midwifery/ B.Sc Nursing from any 3 Govt. Nursing Schools of 3 Medical Colleges/ School of Nursing MCL, Talcher/ IGH, Rourkela or other recognized private institutions duly approved by INC and have registered in the Odisha Nurse & Midwives Council.

ii. S/he must have Diploma in Psychiatric Nursing.

iii. In absence of Diploma in Psychiatric Nursing, candidates having basic qualification as mentioned (i) above with 1 month training in Psychiatric Nursing in NIMHANS, CIP, LGBRIMH-Tezpur or other identified institutions notified by Govt. of Odisha may be considered.

iv. Must be within upper age limit of 65 years as on 01/03/2024

Registration Time- 9 am- 10.30 am at O/o- CDM & PHO, Cuttack Personal Interview- 11am to 1 pm at O/o- CDM & PHO, Cuttack

The candidates fulfilling above criteria may appear before the selection committee as per the date & time mentioned above. The details application form can be downloaded from the district website <a href="https://www.cuttack.nic.in">www.cuttack.nic.in</a>. The authority reserves the right to reject or cancel the advertisement without assigning any reason thereof.

Chief District Medical & Public Health Officer

Cuttack

## OFFICE OF THE CHIEF DISTRICT MEDICAL & PUBLIC HEALTH OFFICER CUTTACK

### ଜିଲା ମୁଖ୍ୟ ଚିକିହା ଓ ଜନସ୍ୱାସ୍ଥ୍ୟ ଅଧିକାରୀ ଙ୍କ କାର୍ଯ୍ୟାଳୟ, କଟକ



Email- cuttackdpmu2020@gmail.com/cdmocuttack@gmail.com <u>APPLICATION FORM</u>

Post Applied for					Phot	ograph		
1. First Name:		Last Name :						
I CONTROLLED AND DE LA CONTROL		3. Age as on 01.10.20	2023: 4. Gender:					
5. Please mention if SC/ ST/ OBC:			7. Whether EX-Serviceman/Physical handicapped/Sports Man:-					
8. Present Contact Address with	telephone	No	9. ₽€	ermanen	t Contact Ad	dress v	with telephone No	
10. Email Address:			11.Mobi	11.Mobile No.:				
12. Languages spoken/written:			1			-		
13. Academic and Professional Qua	alification I	Details:-			· · · · · · · · · · · · · · · · · · ·	,		
Exam Passed	Institute/Board & Location		Ye	e Marks Full/Part Time/				
			ar	Full Mark	Marks Secured	%	Distance Learning	
1 4. Employment Record:								
Total years of post qualification	n experienc	ce ;						
Years of experience in the Deve	111	ector / NGO :						
Years of experience in Governm		;						
.5. Details of Employment: (Use sep	parate shee	ets if required).						
tarting with your present employn	nent, list in	reverse order all the	employm	ents vou	have had.			



15 A. Current Employments:					
From Month / Year	To Month / Year	Designation			
	7				
Location of Employment:					
Description of your duties:					
15B. Previous Employment:		,			
From Month / Year	To Month / Year	Designation			
Location of Employment:					
Description of your duties:					
		Signature of the Applicant			

Note:

#### **DECLARATION BY THE CANDIDATE**

I do hereby declare that, the information furnished above are true to the best of my knowledge and belief and that, if any stage, it is found that any of the above materials information is false/incorrect or is suppressed by me, my candidature/appointment is liable to be rejected/terminated. I also declare that I have never been disengaged from services previously on administrative ground such as disobedience/poor performance/misbehavior/criminal activity etc.

Further I undertake that I shall produce all original certificates/ documents in support of the above information at the time of interview/certificate verification.

Date:

(Signature of the Applicant)

Place:

<u>Documents to be attached:</u> Candidates are required to attach the following documents along with the application form.

- 1. Two copies of passport size colour attested photographs along with the Application Form.
- 2. The following documents are to be enclosed along with the application:
  - a. Attested copies of HSC/Equivalent examination certificate and mark sheet. (Proof of Age)
  - b. Attested photo copies of all mark sheets & certificates in proof of the claim made by the candidate relating to his educational qualification.
  - c. Attested copies of Permanent Registration Number from Odisha Council of Medical Registration.
  - d. Attested copies of Internship Certificates.
  - e. Other documents if any related to this recruitment.

