



# BLOCK PROGRAMME MANAGEMENT UNIT (BPMU)

NATIONAL HEALTH MISSION (NHM-ODISHA)  
(OFFICE OF THE MEDICAL OFFICER IN-CHARGE)  
CHC DHARMASALA, BLOCK: DHARMASALA, DIST.: JAJPUR  
E-mail: [bpmuchcdharmasala@gmail.com](mailto:bpmuchcdharmasala@gmail.com)



Advertisement for expression of interest for the post of “**Health Worker (Female)**”

Advertisement No. -: 347

Date: 31-05-23

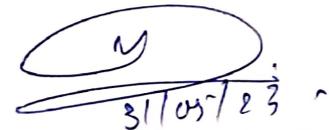
Applications are invited from eligible candidates for filling up of the post of **Health Worker (Female)** on session basis with remuneration as noted below. Above said position is purely temporary and co-terminus with the scheme.

Sl. No.	Name of the position	No. of Vacancies	Age Limit	Experience/ Qualification	Remuneration as admissible
1	<b>Health Worker</b>	4 (Number of vacancies may vary at the time of actual engagement)	Retired Health Worker (Female) below 65 years	Retired Health Worker (Female) below 65 years	Payment of wages for the days worked, to be done as per wage rate of high skilled worker (Number of days may vary)

### General Terms & Conditions:

1. The selection process will consist of short listing of candidates on basis of above condition and personal interview.
2. The prescribe eligibility conditions viz. Retired Health Worker (Female) below 65 years.
3. In case of false or insufficient information/lack of prove to ascertain the eligibility of the applicant, their candidature will be rejected at any stage of the selection process.
4. Only shortlisted candidate will be informed about further selection process through test/WhatsApp message/E-mail. Applicant should ensure that the mobile number and e-mail id given in the application form is active.

Last date of receipt of application form duly signed by the candidate along with self-attested copies of all supportive documents is 07/06/2023 by 5:00 pm. Through Speed Post/Registered Post/Courier/By Hand (Sealed envelope) to Medical Officer In-Charge, CHC Dharmasala, PO: Dharmasala, Dist.: Jajpur, Pin: 755008.

  
31/05/23

Medical Officer In-Charge  
CHC Dharmasala  
Dharmasala, Jajpur





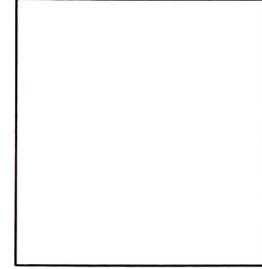
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## Application form for Empanelment of Retired Health Worker (Female) at Block Level

Advertisement Number & Date :  
Name of the Applicant :  
Sex :  
Date of Birth (dd/mm/yyyy) :  
Father's/ Husband's Name :  
Present Address :  
Permanent Address :  
Mobile Number :  
E-mail Address :  
Language known :  
(Both read & write)  
Professional Qualifications : Retired Health Worker (Female) below 65 years  
Employment Records :  
1. Total years of experience in the profession:  
2. Where did you last work:



### Declaration

I do hereby declare that the information furnished above are true to the best of my knowledge and belief.

Date:

Place:

**Full Signature of the Applicant**

List of enclosure(s): -

### **Note:**

The following documents are to be enclosed along with the application:

- Two copies of passport size color self-attested photographs.
- Self-attested photocopies of documents in support of age, professional qualification, experience etc.
- Self-attested photocopy of Identity Proof (Voter ID card / PAN card / Driving License / Aadhaar Card etc.

Medical Officer i/c  
CHC Dharmasala  
JAJPUR

