

# OFFICE OF THE CHIEF DISTRICT MEDICAL OFFICER, KORAPUT.

## ADVERTISEMENT NO.1/2015

Recruitment to the post of Consultant Physician/ Consultant Specialist  
(Contractual Medical Officer) on Contract Basis

THE LAST DATE FOR RECEIPT OF APPLICATION- .05.2015

WARNING: Applications received incomplete in any respect or received after due date are liable to be summarily rejected. No correspondence in this connection will be entertained.

### 2. VACANCY POSITION

Sl. No.	Category of Contractual Doctors	Location of the Health Institution	Remuneration Per Month	No of Vacancies
1	Asst. Surgeon/ Consultant Physician including I/TRMO	Periphery of Koraput Dist	Rs.40,000/-	45
2	Specialist/ Consultant Specialist	Periphery of Koraput Dist.	Rs.50,000/-	14 (O & G=7, Pediatric=2, Surgery-3, Medicine=2)
3	Specialist/ Consultant Specialist	DHH/ SDH of Koraput Dist.	Rs.45,000/-	10 (Ophthalmology-1, Pathology-2, Medicine-1, Pediatric- 1, Surgery-1, O & G-2, Orthopedic-1, Skin & VD-1)
4	Specialist in Anesthesiology	DHH/ SDH of Koraput Dist.	Rs.50,000/-	2
	Specialist in Radiology			1

3. AGE: Applications are invited from the intending Medical Graduates/ Specialists (including Retired/ Over aged up to the age of 65 years).

### 4. EDUCATIONAL QUALIFICATION:

(i) A candidate must be a M.B.B.S. from any Recognized University in the Indian Union or possess equivalent qualification or be a holder of a registerable medical qualification from a Medical College recognized by the MCI.

(ii) After passing the final MBBS examination, a candidate must have successfully completed internship for at least one year.

(iii) In case he/ she has acquired MBBS degree from a Foreign University, he/ she is required to have passed the screening test conducted by the National Board of Examination as prescribed by the Medical Council of India Vide Notification No. MCI-2003(9) Regn. 2001 Dated 13.02.2002 and must have completed one year of rotating internship in a recognized Medical College.

(iv) A candidate must have registered himself/ herself under the Odisha Medical Registration Act 1961.

5. OTHER ELIGIBILITY CONDITIONS:

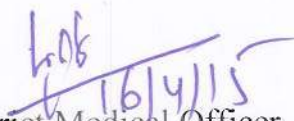
- (i) The candidate must be a citizen of India.
- (ii) The candidate should be able to speak, read and write Odiya fluently and must have passed at least an examination in Odiya language equivalent to that of Middle English School standard conducted by the Board of Secondary Education, Odisha.

6. HOW TO APPLY:-

(A) Candidates are required to apply to the Chief District Medical Officer, Koraput in the prescribed proforma given below.

(B) The candidates are required to send their applications in the prescribed proforma duly filled in by Registered Post/ Speed Post to the Chief District Medical Officer, Jail Road, Koraput-764020. The closed envelope containing the application must be superscribed "Application for recruitment of Medical Officer on Contractual Basis-2015".

(C) This office will not take any responsibility if the application is not received in time.

  
Chief District Medical Officer,  
Koraput.



Application for the post of Medical Officer (Consultant Physician/  
Consultant Specialist) on Contractual for the year 2015.

1. Name of the Candidate :  
(In Block Capitals)
2. Father's Name :
3. Present address with Contact No :
4. Permanent Address :
5. Date of Birth recorded in  
Matriculation or equivalent :  
Examination. (Proof of birth  
Certificate to be attached)
6. Sex (Male/ Female) :
7. Marital Status  
(Married/ Un-married) :
8. Mother Tongue :
9. If you did not have Odiya as MIL or  
As language subject in Matriculation  
Or onward, please indicate, if you  
have passed M.E. Standard Exami-  
nation in Odiya. (Attach copy of  
such certificate)
10. Give particulars of all examination Passed:  
(Attached copies of certificate)

Examination or Degree	Board/ University/ Examination Body	School/ College/ Institution from which passed	Class or Division	Year of Passing	Percentage of Marks secured

11. Date of Completion of the Internship:  
(Proof of Certificate to be attached)
12. Valid Odisha Council Medical Registration No.:  
(Proof of certificate to be attached)

DECLARATION

I hereby declare that all statements made in this application are true, complete and correct to the best of my knowledge and belief. In the event of any information being found false or incorrect or ineligibility being detected action can be taken against me.

Full Signature & address of the Candidate  
With Phone No.