



ZILLA SWASTHYA SAMITI, SUBARNAPUR
OFFICE OF THE CHIEF DISTRICT MEDICAL & PUBLIC HEALTH OFFICER, SUBARNAPUR
District Programme Management Unit, NHM
E-mail : nhm.subarnapur @gmail.com

Advertisement No: 2713 /DPMU/NHM/25

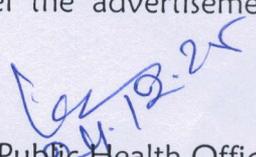
Date: 24/12/2025

Application are invited only from the Contractual Employee currently working under NHM in the same post of OSH&FW society in the other districts, desiring to be posted in Subarnapur District against the vacant position as mention below:

Sl.No.	Name of the post	Vacancy
1	Psychiatric Nurse - NMHP	1
2	Medical Officer - NPCDCS	1
3	Pediatrician at DEIC	1
4	MO -MBBS at DEIC	1
5	Optometrist - DEIC	1
6	Psychologist-DEIC	1
7	Dental Technician-DEIC	1
8	Medical Officer - SNCU	1
9	Counsellor - ICC	6
10	Psychiatric Social worker-NMHP	1
11	Ophthalmic Assistant	3
12	Junior Hospital Manager	1
13	Case Registry Assistant-NMHP	1
14	Block Data Manager	1
15	Accountant cum DEO at SDH	1
16	Senior Treatment Supervisor (STS)	1

Interested in-house candidates may log on the subarnapur.odisha.gov.in for detail terms, condition & application forms. The duly filled in application form in all respect should reach the O/o CDM&PHO, Subarnapur, PIN-767017, by 08.01.2026 up to (05.00 P.M) through Regd. Post/Speed Post/courier only. Application received from any other candidate except the contractual employees currently working under NHM will be rejected.

The application must by superscribed as “ Application for the post of < Name of the post > & Category of application < In House Candidate >”. Application received after the due date will not be considered. No personal query will be entertained. The Vacancy shown above are provisional and subject to change. Incomplete application in any forms is liable to be rejected. The authorities reserve the right of accepting/ rejecting any application and modify/ cancel the advertisement without assigning any reason thereof.


Chief District Medical & Public Health Officer
Cum District Mission Director, NHM, Subarnapur



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Other Terms & Conditions:

- All positions are contractual in nature and the further continuance of job is subject to individual performance appraisal and as per the Health & Family Welfare, Govt. of Odisha / Society norm.
- The application should reach the undersigned on or before Dt.08.01.2026 by 05.00 P.M. through Regd. Post / Speed post/courier only. The application must be superscripted with the name of the post applied for....., otherwise the application will be rejected. This office will not be held responsible for any postal delay. Incomplete application in any form will be rejected.
- Candidates have to submit No Objection Certificate cum Continuation certificate for last uninterrupted service in the same post under the society issued by competent authority with the application form, without which they will not be eligible.
- The application form need to be downloaded at subarnapur.odisha.gov.in and filled in application form along with one color passport size photograph. Self-attested photocopies of all relevant certificate and mark-sheets shall be submitted by the applicant.
- No personal query will be entertained.
- Selection will be done as per the guideline stipulated by Mission Directorate, NHM, Odisha.

Handwritten signature and date: 04.12.26
CDM&PHO-CUM-DMD, SUBARNAPUR



ZILLA SWASTHYA SAMITI, SUBARNAPUR
APPLICATION FORM FOR INHOUSE REPOSITIONING

Advertisement No		
Post Applied for		
1. Applicant Name:		
2. Father's Name :		
3. Date of Birth:	4. Sex:	5. District of Domicile:
6. Age as on 01.12.2025		
7. Please mention if SC/ ST/ OBC/GEN: (Attach Caste certificate)		
8. Present Contact Address with Telephone No:		9. Permanent Contact Address:
10. Email Address: (Mandatory)		11. Mobile No(Mandatory)
12. Employment Record: (Attach Experience and NOC)		
12.1. Name of the Post:		
12.2. Date of Appointment in the same Post (Attach appointment Letter) :		
12.3. Date of Joining in the same Post (Attach Joining Letter/deployment order) :		
12.4. Place of working in the same post : (Attached Documentary proof)		
Name of the District	Date of joining	Date of relieve
Present Contract Period : (Attach Renewal Order/agreement copy) From _____ to _____.		

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 in Zilla Swasthya Samiti, Subarnapur (ZSS) under OSH & FW, Odisha is liable to be rejected/terminated.

Date :

Place :

Full Signature of the Applicant

Note:

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

- Set of all certificate in support of Educational Qualification.
- Two copies of passport size colour self attested photograph.
- Self attested photocopy of Identity proof
- Original Appointment order/ Joining Report. Order related to transfer & joining, if any.
- No Objection Certificate cum Continuation certificate from concerned CDM & PHO/ appointing authority & Proof of Contract renewal i.e renewal order/ agreement copy.