



ZILLA SWASTHYA SAMITI
O/o CHIEF DISTRICT MEDICAL & P.H.O , JAIPUR
Pin - 755001



NOTICE

No. 4268 /Dt. 10 / 06 /2026

Ref: 1) Adv. No. 3953 / Dtd. 26/05/2026
2) Adv. No. 3952 / Dtd. 26/05/2026

In view of unavoidable circumstances all the In house-Walk-in-interview, Walk-in-interview are hereby postponed and the new date of interview is as mentioned below keeping all other conditions and criteria as mentioned remain as such.

Srl No.	Type of Interview	Name of the posts	Date of Interview	Registration Time and Place
1.	In- House Walk in interview	Medical Officer (Ayush, Collocated) Medical Officer (RBSK) Senior TB Lab. Supervisor (NTEP)	23.06.2026	11.00 A.M to 01.00 P.M (Venue- Office of Chief District medical Officer, DHH, Jaipur PIN- 755001)
2.	Walk-In-Interview	Pediatrician, DEIC Medical Officer, SNCU Medical Officer, DEIC	23.06.2026	11.00 A.M to 01.00 P.M (Venue- Office of Chief District medical Officer, DHH, Jaipur PIN- 755001)

No personal communications shall be entertained till the completion of the entire selection process and the district website <http://jaipur.odisha.gov.in>. must be periodically visited for latest update.

Sd/-

C.D.M & Public Health Officer , Jaipur


**Chief District Medical
& Public Health Officer
Jaipur**

O/O C.D.M & PUBLIC HEALTH OFFICER , JAIPUR
APPLICATION FORM, NHM,

Adv. No.		Post applied for:				Affix your recent attested color passport size photograph here.	
1. Name of the Candidate: (IN CAPITAL LETTERS)							
2. Father's / Husband's Name: (IN CAPITAL LETTERS)							
3. Date of Birth (DD/MM/YYYY)		4. Age as on Dtd. 01/06/2025					
5. Residence		6. Gender (Male/Female)					
7. Nationality		8. Marital Status					
9. Category (SC/ST/UR/SEBC)							
10. PRESENT CONTACT ADDRESS WITH PIN CODE				11. PERMANENT CONTACT ADDRESS WITH PIN CODE			
12. Permanent Contact No. with STD Code (Land Line)				13. Mobile Number			
14. Personal E-Mail Address				15. Mother Tongue			
16. Mention Languages Read , Write , Speak (Maximum up to 03 Languages , put tick mark against each)	Languages	Read	Write	Speak	17. Type of Identity Proof Submitted With No		
	Oriya						
	English				18. Computer Literacy (DCA/PGDCA/BCA/MCA) , Equivalent		
	Hindi				19. Duration of Computer Course .		
20. EDUCATIONAL QUALIFICATION							
Sl. No.	Exam Passed 10 th & 10 th onwards	Board / University	Year of Passing	MARKS			Type of Course (Full/Part time), Distance Learning
				Total Marks	Mark Secured	%age of Marks	
1.							
2.							
3.							
4.							

Signature of the Candidate.

[Signature]
**Chief District Medical
& Public Health Officer
Jaipur**

21. EMPLOYMENT RECORD

21A. Total Years of Post Qualification Experience

21B. Total Years of Experience in Development Sector / NGO

21C. Total Years of Experience in Government Sector

Starting from your present Employment , list in reverse order all the employments you have had**22A. Current Employment Details**

Name of the Firm / Organisation

Address of the Firm / Organisation with Contact Number and E-Mail Address.

From Month / Year**To Month / Year****Total Years of Experience in Current Employment****Designation****Monthly Gross Remuneration**

Description of your major duties

Reason for Leaving the Organisation

22B. Previous Employment Details

Name of the Firm / Organisation

Address of the Firm / Organisation with Contact Number and E-Mail Address.

From Month / Year**To Month / Year****Total Years of Experience in Employment****Designation****Monthly Gross Remuneration**

Description of your major duties

Reason for Leaving the Organization

N.B : Attach Extra Sheet for mentioning additional post qualification Experiences.**DECLARATION BY THE CANDIDATE**

I, do hereby declare that the information furnished above are true to the best of my knowledge and belief and if at any stage it is found that any of the above material information is false / incorrect or is suppressed by me then my candidature / appointment is liable to be rejected/terminated. I also declare that I have never been disengaged from service / job previously on administrative ground such as poor performance, misconduct, disobedience, criminal offence etc. and further I shall produce all original documents and certificates in support of the above information prior to my appointment.

Date :

Place :

Full Signature of the Candidate

[Signature]
10/6/26
Chief District Medic.
& Public Health Officer
Jaipur