



ZILLA SWASTHYA SAMITI, GAJAPATI
(Department of Health & FW, Govt. of Odisha)



Advertisement No: 12 / DPMUGJP

Date: 01/10/2026

NOTICE

Applications are invited from eligible candidates for empanelment of Yoga Instructor for different health institutions of Gajapati district. The details, required qualifications, age limit, format of application is hoisted in the district website i.e., www.gajapati.odisha.gov.in. Interested candidates fulfilling the eligibility criteria for the posts can apply to **Chief District Medical & Public Health Officer, At/Po- Paralakhemundi, Gajapati, 761200 on or before 23.10.2026 by 05.00 PM** through Registered Post/Speed Post only and the envelope containing the application should be superscribed with the name of the post applied for. Visit the district website www.gajapati.odisha.gov.in regularly for all updates.

Sd/-

CDM& PHO-cum- District Mission Director, Gajapati

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11/10/26



ZILLA SWASTHYA SAMITI, GAJAPATI
(Department of Health & FW, Govt. of Odisha)



Advertisement No: 12 / DPMUGJP

Date: 01/10/2026

NOTICE

Applications are invited from eligible candidates for empanelment of part time yoga instructor for different health institution on session basis in Gajapati District.

Sl. No.	Name of the post	Qualification & Age	Mode of Engagement	Honorarium
01.	Part Time Yoga Instructor	Qualification: - PG Diploma in YOGA & MA in Human Conscious & Yogic Science/ - MA in Yoga & Naturopathy/ - MA in Yogic Science/ - Certificate Course in Yoga from a recognized institution or University. Age: The candidates should be aged between 21 and 50 years	Session basis (Upto 8 sessions per month @2 sessions per week) @90 Minutes per session.	Remuneration will be paid @Rs. 500 per session (90 mins) including conveyance.

Interested candidates can log in to www.gajapati.odisha.gov.in for application format, eligibility criteria, age & selection procedure, & other details. Interested candidates fulfilling the eligibility criteria can apply in the prescribed format along with self-attested photocopies of the required documents/testimonials to the **Chief District Medical & Public Health Officer, At/Po- Paralakhemundi, Gajapati, 761200** on or before **23/10/2026 by 05.00 PM** through **Registered Post/ Speed Post only** and the **envelope containing the application should be superscribed with the name of the post applied for**. Application received after due date and time will not be considered. Incomplete application in any form is liable for rejection. The office of the undersigned will not be held responsible for any postal delay. The authority reserves the right to cancel any or all applications without assigning any reason thereof. Visit the district website gajapati.nic.in regularly for all updates.

(Signature)

CDM& PHO-cum- District Mission Director, Gajapati

General information and Instruction for the candidates

1. The empanelment of part time yoga instructor is purely part time/session basis and continuity depends upon PIP approval of NHM from time to time and co-terminus with the scheme.
2. Over aged, under qualification, short of requisite percentage of marks in the prescribed age and educational qualification shall be rejected.
3. Incomplete application in any form will be rejected. Non submission of certificate/documents along with the online application shall be liable for rejection.
4. If any candidate is found to have suppressed any material information or furnished false information/ documents, his/her candidature shall not be considered for the empanelment process. Candidates who have been disengaged earlier on administrative ground such as disobedience/poor performance/misbehaviour/criminal activity etc. are not eligible.
5. No personal correspondence/ queries will be entertained.
6. The undersigned reserves the right to cancel any or all the applications/positions at any stage of recruitment process without assigning any reason thereof.

*mlm
TJNR*



Application form for empanelment of Yoga Instructor



1. Advt. No.: _____
2. Name of the Applicant : _____
3. Father's/Husband's Name : _____
4. Date of Birth: _____
5. District of Domicile: _____
6. Gender: _____
7. Present Address : _____
8. Permanent Address: _____
9. Mobile Number : _____
10. Email ID: _____
11. Language Known:
(Both Read & Write)
12. Professional qualification:

Photograph

13. Employment records: 1. Total years of experience in the profession

2. Present place or working:

Enclosure:

- Two copies of recent passport size Photographs.
- Self attested copy of any identity Proof (Voter ID card/Aadhar Card/ DL/PAN card/ ETC).
- Self attested copy of all Academic Certificates & Mark Sheets (10th, +2, Graduation and higher qualification if any) in proof of the claim made by the candidate relating to his/her educational qualification.
- Self-attested copy of the Professional qualification certificate & Marksheet of Yoga and attested document in support of experience if any.

(Signature of the Applicant)

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 material information is false/ incorrect or is suppressed by me, my candidature /appointment under odisha state Health & Family Welfare Society (OSH&FWS), Odisha is liable to be rejected / terminated.

Date:

Place:

(Full Signature of the Applicant)