



CITY HEALTH SOCIETY, NUHM, CUTTACK
National Health Mission, Odisha
Dept. of Health & Family Welfare, Govt. Of Odisha



Walk-In-Interview

Adv No.: 01/CPMU/NUHM/Cuttack

Date: 06.11.2021

Walk-in-interview will be conducted as scheduled below for empanelment of part time specialists to be engaged at different UPHCs/UHCs under National Urban Health Mission, City Health Society, Cuttack as noted against and subject to continue as per OSH & FW Society terms and conditions.

S. N.	Specialist	Venue	Date of Walk-In-Interview
1	Eye Specialist	Chamber of Commissioner, CMC, Vikash Bhawan, Cuttack	17.11.2021
2	Medicine Specialist		
3	Clinical psychologist		
4	Physiotherapist		
5	Dentist	Chamber of Commissioner, CMC, Vikash Bhawan, Cuttack	18.11.2021
6	Nutritionist		
7	O & G Specialist		
8	Paed. Specialist		

The posts are purely temporary and co-terminus with the scheme. Interested candidates can log on to www.cuttack.nic.in for details of eligibility criteria, age, application form etc. Candidates fulfilling the eligibility criteria may appear for registration on the date as mentioned. Registration timing will be from 10.30 A.M to 11:30A.M. No application will be received after scheduled timing of registration. The authority reserves the right to cancel any or all application without assigning any reason thereof.

Sd/-

**Additional District Urban Public Health Officer,
Cuttack**

APPLICATION FOR EMPANNLEMENT OF PART TIME SPECIALIST UNDER NUHM

Advertisement No		Photograph				
Post Applied For						
1.Applicant Name (in Capital) :						
2.Father's Name :						
3.Date of Birth :		4.Sex :		5.District of Domicile:		
6. Age as on 31.10.2021 :						
7. Please Mention if SC/SC/OBC/GEN						
8.Present Contact Address with Telephone No:						
9. Permanent Contact Address :						
10. E-Mail id:			11.Mobile No:			
12. Languages spoken/written:						
13:Registration no.(OMC/IMC):			14: Valid upto:			
14: Valid Identity (enclose a copy)						
15.Educational: qualifications (Enclose a copy)						
Exam Passed	Name of Board or University	Year of Passing	Marks Excluding 4 th optional			Remarks
			Full Marks	Mark Secured	%	

16. Employment Record					
Total years of post qualification experience:					
Years of experience in Government :					
17. Details of Employment: (Use separate sheets if required).					
Starting with your present employment, list in reverse order all the employments you have had.					
Name of the Employer	Post held	From Date	To date	Total Experience	
				Years	Month

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 City Health Society (CHS), NUHM, Cuttack, Odisha is liable to be rejected/terminated. I also declare that I have never been disengaged from service under ZSS/OSH & FW/CHS, Odisha on administrative ground such as disobedience/poor performance/misbehaviour/criminal activity etc.

Date: :

Place: : Full Signature of the Applicant

Note:

Note:

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

- 1) Self attested photo copies of all documents in support of age, qualification, experiences etc.
- 2) Two copies of passport size colour attested photograph. One copy of self attested photograph will however to affixed at the position in the application form.
- 3) Self attested photocopy of Identity proof (Voter ID Card/PAN card/Driving License/Adhar card/Passport).
- 4) Self attested photocopy of M.B.B.S certificate with mark sheet.
- 5) Self attested photocopy of M.D. /Specialist certificate with mark sheet.
- 6) Self attested photocopy of valid Registration certificate from OMC/IMC approval

DETAILS OF DELIVERABLES AND QUALIFICATION OF SPECIALISTS

Specialist services	Key services	Deliverables /TOR	Qualification	Age bar	Remuneration
O & G	ANC/PNC, Specialist Consultation & Treatment, identification of high risk cases & Management. (1 day in a week)	The specialist will treat the patients at the institution and in case need, the patient will be referred to the referral institutions. The specialist will treat the sick children having obstetrics and Gynaecological problems, the patient referred from UHND in the OPD. She/he will provide ANC, PNC to the patients.	The person should have MBSS with post graduation in O & G The doctor should have valid registration from Odisha State Medical Council.	No age bar	Rs.1500/- per session
Nutritionist	Confirmatory Screening of SAM cases, Anaemia screening adolescents, Counselling services, Periodic demonstration of local made Nutritious food & Referral . (1 day in a week)	The consultant will provide the support for Consultation, screening, diagnostics ,counselling and referral (Screening of the SAM child referred from the UHND, nutritional counselling to pregnant women, lactating mother, geriatric patient , adolescent girl, NCD patients. Anaemia screening , iron supplementation)	The person should have B. Sci.(Home Science)/ Post Graduation in Home Science/ Nutrition from recognised institutions. .	No age bar	Rs.500/- per session
Paediatric	Specialist Consultation & Treatment] (1 day in a week)	The specialist will treat the patients at the institution and in case need, the patient will be referred to the referral institutions. H/She will be in OPD to treat the sick children, the children referred from UHND, UPHC or the child is directly coming to the hospital. Attend OPD hour in the hospital or shift	The person should have MBSS with post graduation in Paediatric The doctor should have valid registration from Odisha State Medical Council.	No age bar	Rs.1500/-per session

Specialist services	Key services	Deliverables /TOR	Qualification	Age bar	Remuneration
		duty be allotted by the MO (I/C) of the UCHC.			
Eye specialist	Eye Screening & referral to appropriate facilities for treatment/ Surgery. (2 day in a week)	Attend OPD hour in the hospital Provide consultation support to patients coming to the hospital	MBBS and PG in ophthalmology and valid registration from Odisha State Medical Council for eye specialist	No age bar	Rs.1500/-per session
Medicine	General Health check-up, screening, and follow up (for chronic and non communicable diseases)Management of poly-pharmacy (multiple medications), Basic laboratory investigation (blood sugar, Urine etc) Weight and BP check up Counselling (nutritional, exercise)& referral in case of requirement, (1 day in a week)	Attend OPD hour in the hospital or shift duty will be allotted by the MO(I/C) Provide consultation support to patients coming to the hospital	MBBS and PG in Medicine and valid registration from Odisha State Medical Council	No age bar	Rs.1500/-per session
clinical psychologist	Screening, Counselling , treatment & referral of complicated cases , (1 day in a week)	Clinical Psychologist: Counselling of patients and follow up and referral	Clinical Psychologist: Post graduate degree in Psychology or clinical psychology or Medical and	45 yrs	Rs.500/- per session

Specialist services	Key services	Deliverables /TOR	Qualification	Age bar	Remuneration
			Social psychology obtained after completion of a full time course of two years with one year post qualification experience.		
Physiotherapist	Physiotherapy services and care for Pain management. (3 days in a week)	The physiotherapist will treat the patients at the institution and in case need, the patient will be referred to the referral institutions. Separate register will be maintained for the respective department.	Bachelor's degree in Physiotherapy(BPT) from recognised institution	45 yrs	Rs.500/- per session
Dentist	Screening, Counselling , treatment & referral of complicated cases , (1 day in a week)	The specialist will treat the patients and in case need, the patients will be referred to the referral institutions. Separate register will be maintained for the respective department.	BDS/MDS in Dentist	No age bar	Rs.1250/-per session

CLAIM SHEET FOR SPECIALIST SERVICES IN THE URBAN UPHC/UHC

Name of the specialist :
Date of visit :
Whether attended (1st and 2nd session) :
Timing's of the visit :
Name of the UPHC /UHC :
Name of the city :
Services provided to no. of patients during visit:
Remuneration per day :

Signature of the Doctor

CERTIFICATE

This is to certify that , Dr.attended the OPD hours and recommended for payment of the remuneration.

Superintendent, UHC/

MO (I/C), UPHC

Note:Biometric attendance is to be submitted along with claim sheet under the signature of Superintendent, UHC/ MO (I/C), UPHC