



OFFICE OF THE CHIEF DISTRICT MEDICAL & PUBLIC HEALTH OFFICER
National Health Mission (NHM), Dhenkanal
Health & Family Welfare Department, Govt.ofOdisha



Letter No: _____ / Date: _____

No: 3325

date: 24.9.21

Expression of Interest for Physiotherapy Services at PHC-HWC level.

Expressions of interests are invited from individual for rendering Physiotherapy services at PHC-CHC level. Physiotherapy services include fixed day services at PHC-HWC level & Home visits to Home bound/ bed ridden cases as per guideline. The individuals will be paid session wise allowances for giving defined services. In addition to the service allowance s/he will get fixed travel allowance for field/ home visit days only. S/he will provide services for 2 days in a week (1 fixed day at PHC-HWC & 1 day for field/ home visit per PHC-HWC. S/he can be engaged to work maximum at 3 PHC-HWCs.

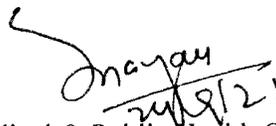
The Minimum qualification, age & experience for empanelment of Physiotherapists are as follows:

- **Education:** Bachelor degree in Physiotherapy i.e (4 years 6 month duration including internship) from a recognized university with 55 percentage of mark in BPT.
- **Age:** Not more than 50 years at the time of joining.
- **Experience:** Minimum 6 month of experience is preferable but not necessary.
- **Total nos of Requirements : 08(eight) Posts**

Individuals interested for the task shall have to apply in the prescribed format with documentary proof with written willingness for participating in the selection process.

Date:

Place:


Chief District Medical & Public Health Officer
Dhenkanal



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Application Form

1. Name of Individual:
2. Sex:
3. Age (as on 1st April 2021):
4. Address:
5. Contact Number:
6. E-Mail Id :
7. Educational Qualification (as per EoI) :
8. Work experience (if any):
9. Any recognition / award received:
10. Any other information:

Declaration

I _____ (name of the candidate) certify that my answers are true & complete to the best of my knowledge & belief.

If this application leads to empanelment & subsequent opportunity to render Physiotherapy services as per guidelines, I understand that false or misleading information in my application or response may result in my disqualification.

Date:

Name of the Candidate:

Place:

Signature: _____

Signature
24/9/21