**ADVERTISEMENT FOR INVITING APPLICATIONS FOR FOLLOWING POSTS FOR ENGAGEMENT IN SPECIAL NEONATAL CARE UNIT OF SCB MEDICAL COLLEGE & HOSPITAL, CUTTACK ON CONTRACTUAL BASIS UNDER NHM, ODISHA.**

**\*\*\*\*\*\*\***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sl. No.** | **Name of the Posts** | **Minimum Qualification** | **No. of Posts** | **Consolidated Pay** | **Mode of Selection** |
| 1 | Medical Officer | MD (Paediatrics) | 02 nos. | Rs.48,000/- | Merit & Experience |

The appointment will be made purely on merit basis. The candidates belonging to the same district will be given preference. Interested candidates fulfilling the eligibility are requested to apply in the prescribed format in A4 size paper. The completely filled in application forms along with documents should reach the office of the Superintendent, SCB Medical College Hospital, Cuttack within 15 days of advertisement by Speed Post/ Regd Post. The advertisement details will be available in the website of S.C.B. Medical College & Hospital, Cuttack ([*www.scbmch.nic.in*](http://www.scbmch.nic.in)*)*.

Superintendent,

SCB Medical College & Hospital,

Cuttack

**Notes:**

**The following documents are to be enclosed along with the application.**

1. Residential Certificate issued by the Tahasildar/ Sub-Collector etc. (duly attested).
2. Attested photo copies of all mark sheets/ certificate in proof of the claim made by the candidate relating to educational qualification.
3. Experience Certificate if any.
4. Two copies of passport size coloured attested photograph to be submitted along with the application.
5. Attested copy of the Registration Certificate.

**Terms and Conditions:**

* The engagement is purely contractual in nature and can be terminated at any point without citing any reason thereof.
* Candidates once engaged cannot claim for re-engagement under any conditions as a matter of right.
* The contract is initially for a period of eleven months and further extension if any will be provided on assessment of the performance of the period in service.
* These engagements are not-transferable in nature and the candidates have to stay at their place of posting failing which they are liable to disengaged.

Superintendent,

SCB Medical College & Hospital,

Cuttack

**APPLICATION FORM**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. Post Applied for: |   |   |   |   |  Attach a attested recent colour pass post size photograph here   |
| 2. Applicant’s Name: |  |  |  |  |
| 3.Father's Name: |   |   |   |   |
| 4.Date of Birth: |   |  | 5.Sex- |   |   |
| 6.District Domicile: |   |   | 7.Religion- |
| 8.Present Contact Address: |   |   |   |   |
| 9.Permanent Contact Address: |   |   |   |   |   |   |
| 10.Category | SC/SC/UR/PH (Valid Certificate should be enclosed) |
| 11.Language spoke/ written: |   |   |   | 12.Nationality- |
| 13. Marital Status: |  |  |  | 14.Mob No.: |
| 15. Education: High school onwards, please list all your qualification  |
| Sl. No | Degree | Institute/ Board & University | Year of Passing | Full Mark | Mark Secured | % | Full/ Part Time/ Distance Learning |
| a) | Matriculation |   |   |   |   |   |   |
| b) | +2 |   |   |   |   |   |   |
| c) | +3 |   |   |   |   |   |   |
| d) | P.G. |   |   |   |   |   |   |
| e) | Regd. No. of Medical Council / Nursing (attach attested copy of the Registration Certificate) |   |   |   |   |   |   |
| f) | Additional qualification (if any) |   |   |   |   |   |   |
| 16. | Employment Record: |   |   |   |   |   |   |
|   | Year of Experience |   |   |   |   |   |   |
| 17. | Details of Employee: (Use separate sheets if required) |
|   | Starting with your present employment, list in reverse order all the employee you have had. |
| 18. | **A.** Current Employment: |   |   |   |   |   |   |
|   | From Month/ Year | To Month/ Year (till date) | Designation |
|   |  |    |  |
|   | Place of Employment |   |   |   |   |   |   |
|   | **B.** Previous Employment: |   |   |   |   |   |   |
|   | From Month/ Year | To Month/ Year (till date) | Designation |
|   |   |   |   |   |   |   |   |
|   | Place of Employment |   |
|  19. | Description of Your Duties: |   |

I do hereby declared that all the information provided in this application form are true to the best of my knowledge; in case any thing turns out be false I shall forfeit my candidature for the post of **Medical Officer/ Staff Nurse** at S.C.B. Medical College, anytime during or after the selection to the post and ready to face prosecution as per law.

Signature of the Applicant