

OFFICE OF THE SUPERINTENDENT

SCB MEDICAL COLLEGE & HOSPITAL, CUTTACK, GOVT. OF ODISHA

☑ - scbsuperintendent@gmail.com, 🕾 - 0671-2414080

No 23979 //SCBMCH

Date_05/10/2021

ADVERTISEMENT FOR THE POST OF SNCU MEDICAL OFFICER IN SNCU, SCB MEDICAL COLLEGE & HOSPITAL, CUTTACK ON CONTRACTUAL BASIS

Applications in the prescribed proforma are invited from the eligible candidates for filling up the vacant post of 2 nos. of SNCU Medical Officer for, SCB MCH, Cuttack on contractual basis till the post is filled up on regular basis.

The engagement is purely temporary and the candidate cannot claim their right to continue in the post on the basis of such appointment/engagement. The selected candidates have to submit an undertaking to this effect.

1. Number of Posts - 2 nos. (Two)

2. Monthly Remuneration:

The remuneration will be Rs.57,982/- (Rupees Fifty-seven thousand Nine hundred and eighty-two) only per month for contractual service.(as per NHM Order)

3. ELIGIBILITY & QUALIFICATION:

In order to be eligible for being engaged as SNCU Medical Officer, the candidates must fulfill the following qualifications & eligibility.

QUALIFICATION (In order of preference):-

- i. MD, Pediatric
- ii. MBBS
- iii. In case of non availability of MD Candidate MBBS Candidate will get preference.

4. SCHEME OF SELECTION:

- i. Selection will be strictly on the mark basis.
- ii. Merit list will be prepared and approved by the constituted committee and appointment will be made on the basis of the counseling on personal appearance and verification of the original documents.
- iii. The authorities have every rights to cancel/change the schedule of appointment without assigning any reason.

5. TERMS & CONDITIONS:

- The post of MO in SNCU is purely non-practicing and if found to be indulged in any kind of private practice, their services will immediately be terminated by the appointing authority.
- II. The MO remaining absent unauthorized for more than 15 days will also be terminated by the authority.
- III. The appointing authority can terminate the tenure of MO by serving a notice of 30 days.
- IV. Before engagement the M.O. will execute a bond of judicial stamp paper worth of Rs. 100/- that they will not indulge in any kind of private practice/litigation/resort to strike/cease of work/bargain with Govt. for their continuance beyond the permissible period.
- V. Job charts would be mandatory for the appointed officers can been seen in the web site.

6. APPLICATION PROCESS:

- a) Candidates are required to submit their application addressed to the "MEDICAL SUPERINTENDENT, SCB MEDICAL COLLEGE & HOSPITAL, CUTTACK-753007,ODISHA" in the prescribed form alongwith other particulars/ documents. The application form and guidelines can be obtained from the SCB Medical College & Hospital, Cuttack website i.e. "https://scbmch.in".
- b) Candidates are required to send their application by Registered post/Speed post only to reach of the MEDICAL SUPERINTENDENT, SCB MEDICAL COLLEGE & HOSPITAL, CUTTACK-753007, ODISHA within 15 days from the date of publication of advertisement. One envelope containing only one application must be superscribed "Application for the post of Medical Officer (On Contractual Basis) for SNCU, SCB MCH, Cuttack.
- c) This engagement is purely temporary and terminable at any time without notice or assigning any reason thereof.
- d) E-applications shall not be accepted. Application received after the due date and time/Incomplete application will not be accepted/ entertained without assigning any reason.

7. CERTIFICATE/OTHER DOCUMENTS TO BE ATTACHED:

Candidates are required to submit the following documents alongwith the application form duly filled in.

- A. Two recent passport size photographs signed by the candidates on its front, one pasted at the right hand corner of the 1st page of the application in the space provided and the other stitched to the application carefully.
- B. One self addressed envelope (approx. 23cmx10cm) affixed with postage stamp of Rs.41/-(Rupees Forty-one) only.

- C. Submit self attested photo copies of the following documents alongwith their application form.
 - i. HSC or equivalent certificate & marksheet in support of their name & age.
 - ii. PU/PP/Intermediate/+2 Examination certificate & marksheet.
 - iii. MBBS/Degree Certificate
 - iv. MD
 - v. Housemanship/Internship Completion certificate.
 - vi. Medical Registration Certificate
 - vii. Experience certificate from the competent authority if any.
 - viii. If a candidate claims to posses qualification equivalent to the prescribed qualification, the rule/authority (with number and date) under which it is so treated must be furnished with the application form.

Medical Superintendent
SCB Medical College & Hospital
Cuttack

APPLICATION FORM

1 Pos	Applied for:						A standard	
	plicant's Name:						Attach a attested recent	
							colour pass pos	
3.Father's Name:		5.Sex-					size photographere	
4.Date of Birth: 6.District Domicile:		7.Religion-						
	AND DESCRIPTION OF THE PROPERTY OF THE PROPERT							
8.Pres	sent Contact Address:						1	
9.Pen	manent Contact Address:							
10.Category		SC/SC/UR/PH (Valid Certificate should be enclosed)						
11.Language spoke/ written:		12.Nationality- 14.Mob No.:						
13. M	Iarital Status:				14.Mob	No.:		
15. E	ducation: High school onwards, ple	ease list all yo	our qualifica	ation			E II/D 4 Time	
SI. 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.						1 2 2	
e)	Regd. No. of Medical Council / Nursing (attach attested copy of the Registration Certificate)							
f)	Additional qualification (if any)			l				
16.	Employment Record:							
	Year of Experience	ar 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)				Desig	Designation	
	Place of Employment							
	Place of Employment							
	B. Previous Employment: From Month/ Year	To Month/ Year (till date)				Desig	Designation	
	Profit Worth Tear	TO Month Four (in early)						
				*		1		
	Place of Employment					imier en es		
19.	Description of Your Duties:							
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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** 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