

Application for the post of Paramedical Staff

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| Application to be Addressed to: | Dy. General Manager (MP&R) At/PO: Jagruti Vihar, Burla Dist. Sambalpur (Odisha) – 768 020 (Application should be send through Speed Post/ Reg. Post/ normal post) | PASTE YOUR PASSPORT SIZE RECENT COLOUR PHOTOGRAPH PLEASE SIGN HERE |
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| Advertisement Ref No: | 666 of 08.10.2014 |
| Post Applied For | |
| Name | |
| Father / Husband's Name | |
| Mother's Name | |
| Caste (Please Tick whichever is applicable & attach copy of caste certificate, if other than General) | GEN/OBC-NCL/SC/ST |
| Religion | Hindu/Muslim/ Christian/ Sikh/ Buddhist/ Zoroastrian/ Others |

(Fill up the following details in BLOCK letters)

| | | | |
|---------------------------|----------|--------------------|--|
| Whether Ex Serviceman? | YES / NO | | |
| Defence Identity Card No. | | | |
| Defence Service From | | Defence Service To | |

| | | | |
|---|---|--|--|
| Whether Physically Handicapped? (Minimum 40% disability) | YES / NO | Percentage of Disability? (Attach copy of disability certificate issued by competent authority) | |
| Type of Disability (Tick whichever is applicable) | Locomotor disability or cerebral palsy <input type="checkbox"/> | Hearing impaired <input type="checkbox"/> | Blindness or Low Vision <input type="checkbox"/> |

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|---------------------------------------|-------------------------------|---|---------------------------------|---|---|---|---|---|---------------------|------|-------|-----|
| Date of Birth | D | D | M | M | Y | Y | Y | Y | Age on cut-off date | Year | Month | Day |
| Gender (Tick whichever is applicable) | Male <input type="checkbox"/> | | Female <input type="checkbox"/> | | | | | | | | | |

Minimum Academic/Professional Qualification for the respective posts (attach self-attested photocopy of supporting documents with application)

(Tick whichever is applicable. If yes put , else)

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| (1) For the post of Pharmacist (Tr.) T&S Gr.-'C' | <input type="checkbox"/> |
| i. 10+2 with Science | YES/NO |
| ii. Diploma in Pharmacy registered with Pharmacy Council under Pharmacy Act, 1948 with valid registration. | YES/NO |
| (2) For the post of Staff Nurse (Tr.) T&S Gr. C | <input type="checkbox"/> |
| 10+2 | YES/NO |
| 'A' Grade Nursing Diploma OR Certificate from a recognized Institute approved by the Govt. | YES/NO YES/NO |
| (3) Lab Technician (Pathology) (Tr.) T&S Gr. C | <input type="checkbox"/> |
| Diploma in respective technology (Pathological) from an Institute recognized by the Government. | YES/NO |
| (4) X-Ray Technician / Radiographer (Tr.) T&S Gr. C | <input type="checkbox"/> |
| Diploma in respective technology from an Institute recognized by the Government. | YES/NO |
| (5) Jr. ECG Technician (Tr.) T&S Gr. D | <input type="checkbox"/> |
| Higher Secondary (10+2)/ Intermediate | YES/NO |
| 02 years experience certificate as ECG Technician in a hospital under a Cardiologist / Physician or in a reputed Nursing Home having ECG Service under a Cardiologist / Physician. | YES/NO |
| Graduates who can handle running repair of the equipment. | YES/NO |
| 6. Audiometrist (Tr.) T&S Gr. D | <input type="checkbox"/> |
| Higher Secondary (10+2)/ Intermediate | YES/NO |
| Diploma in Audiometry from Govt. recognized Institute. | YES/NO |
| 7. Physiotherapist (Tr.) T&S Gr. C | <input type="checkbox"/> |
| Diploma in Physiotherapy from Govt. recognized Institute (minimum 03 years course). | YES/NO |

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| 8. Jr. Sanitary Inspector (Tr.) T&S Gr. D | <input type="checkbox"/> |
| i) Matric or Equivalent Qualification recognized by the Government | YES/NO |
| ii) Must be Qualified Sanitary Inspector (SI Diploma or SI Certificate Course) from an Institute recognized by the Government. | YES/NO |
| ii) At least one year professional experience | YES/NO |
| 9. Dental Technician (Tr.) T&S Gr. D | <input type="checkbox"/> |
| Higher Secondary (10+2)/ Intermediate | YES/NO |
| Diploma in Dentistry/Dental Technology from Government recognized Institute. | YES/NO |
| 10. Dietician (Tr.) T&S Gr.-'C' | <input type="checkbox"/> |
| Recognized diploma in Dietics. | YES/NO |
| 11. Optometrist (Tr.) T&S Gr.-'D' | <input type="checkbox"/> |
| Higher Secondary (10+2)/ Intermediate | YES/NO |
| Diploma in Refraction / Optometry from Government recognized Institute. | YES/NO |

| Present Address for Communication | | | | | | | | | |
|-----------------------------------|--|---------------|--|--|--|--|--|--|--|
| C/o | | | | | | | | | |
| Line 1: | | | | | | | | | |
| Line 2: | | | | | | | | | |
| Post: | | | | | | | | | |
| District: | | | | | | | | | |
| State: | | PIN | | | | | | | |
| Telephone | | Mobile | | | | | | | |
| E-mail:- | | | | | | | | | |

| Permanent Address | | | | | | | | | |
|-------------------|--|--------|--|--|--|--|--|--|--|
| C/o | | | | | | | | | |
| Line 1: | | | | | | | | | |
| Line 2: | | | | | | | | | |
| Post: | | | | | | | | | |
| District: | | | | | | | | | |
| State: | | PIN | | | | | | | |
| Telephone | | Mobile | | | | | | | |
| E-mail:- | | | | | | | | | |

| Employment Exchange Registration Details. | | | | | | | |
|---|--|----------------------|--|--------------------|--|--|--|
| Registration Number | | Name of the Exchange | | Yr of Registration | | | |

| Qualification Details | | | | | | | | |
|-----------------------|--------------------|--------|-----------------|--------------------|-----------------------|-------------------|------------------|------|
| Sl No | Examination Passed | Stream | Year of Passing | Duration of Course | Name of the Institute | Board/ University | Division / Grade | %age |
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| Experience Details | | | | | |
|--------------------|-------------------|-----------|-----------|---------|-------------|
| Sl No | Organization Name | Post Held | From Date | To Date | Description |
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| Declaration | |
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| <p>I do hereby declare that the above information as furnished by me is true to the best of my knowledge & belief. I further give an undertaking that if at any point of time, the above Information is found to be false/ incorrect; my candidature is liable to be cancelled/rejected followed by prosecution under the law.</p> | |
| Date: | Signature of Candidate |