



**OFFICE OF THE CHIEF DISTRICT MEDICAL OFFICER, CUTTACK**

**ZILLA SWASTHYA SAMITI, CUTTACK**



Advertisement No: 8364/DPMU/NHM /2025

Dates: 31 / 05 /2025

**Walk-In-Interview for Doctors**

Walk-in-Interview for the post of Medical Officer (02 no.s), under NHM will be conducted on 11.06.2025 at 11 AM in the Office Chamber of the CDM & PHO, Cuttack on contractual basis. The candidates must have MBBS Degree with permanent Registration Number from Odisha Council of Medical Registration, Bhubaneswar and completed compulsory Internship. The upper age limit is within **70 years** as on 01/06/2025. The interested candidates may appear before the selection committee with filled application format and desired documents.

The details application form can be downloaded from the district website [cuttack.odisha.gov.in](http://cuttack.odisha.gov.in) The authority reserves the right to reject or cancel the advertisement without assigning any reason thereof.

CDM & PHO cum-District Mission Director  
Cuttack

**OFFICE OF THE CHIEF DISTRICT MEDICAL & PUBLIC HEALTH OFFICER****CUTTACK****ଜିଲ୍ଲା ମୁଖ୍ୟ ଚିକିତ୍ସା ଓ ଜନସ୍ବାସ୍ଥ୍ୟ ଅଧିକାରୀଙ୍କ କାର୍ଯ୍ୟାଳୟ, କଟକ**

Email- cuttackdpmu2020@gmail.com/cdmocuttack@gmail.com

**APPLICATION FORM**

Post Applied for					Photograph	
1. First Name:		Last Name :				
2. Date of Birth:	3. Age as on 01.06.2025:	4. Gender:				
5. Please mention if SC/ ST/ OBC:		7. Whether EX-Serviceman/Physical handicapped/Sports Man:-				
8. Present Contact Address with telephone No		9. Permanent Contact Address with telephone No				
10. Email Address:		11. Mobile No.:				
12. Languages spoken/written:						
13. Academic and Professional Qualification Details:-						
Exam Passed	Institute/Board & Location	Year	Marks			Full/Part Time/ Distance Learning
			Full Mark	Marks Secured	%	
14. Employment Record:						
Total years of post qualification experience :						
Years of experience in the Private Sector :						
Years of experience in Government :						
15. Details of Employment: (Use separate sheets if required).						
Starting with your present employment, list in reverse order all the employments you have had.						

15 A. Current Employments:		
From Month / Year	To Month / Year	Designation
Location of Employment:		
Description of your duties:		
15B. Previous Employment:		
From Month / Year	To Month / Year	Designation
Location of Employment:		
Description of your duties:		
<div style="text-align: right;"><i>Signature of the Applicant</i></div>		

**Note:**

#### **DECLARATION BY THE CANDIDATE**

I do hereby declare that, the information furnished above are true to the best of my knowledge and belief and that, if any stage, it is found that any of the above materials information is false/incorrect or is suppressed by me, my candidature/appointment is liable to be rejected/terminated. I also declare that I have never been disengaged from services previously on administrative ground such as disobedience/poor performance/misbehavior/criminal activity etc.

Further I undertake that I shall produce all original certificates/ documents in support of the above information at the time of interview/certificate verification.

Date:

(Signature of the Applicant)

Place:

**Documents to be attached: Candidates are required to attach the following documents along with the application form.**

1. Two copies of passport size colour attested photographs along with the Application Form.
2. The following documents are to be enclosed along with the application:
  - a. Attested copies of HSC/Equivalent examination certificate and mark sheet. (Proof of Age)
  - b. Attested photo copies of all mark sheets & certificates in proof of the claim made by the candidate relating to his educational qualification.
  - c. Attested copies of Permanent Registration Number from Odisha Council of Medical Registration.
  - d. Attested copies of Internship Certificates.
  - e. Other documents if any related to this recruitment.



15 A. Current Employments:		
From Month / Year	To Month / Year	Designation
Location of Employment:		
Description of your duties:		
15B. Previous Employment:		
From Month / Year	To Month / Year	Designation
Location of Employment:		
Description of your duties:		
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