

# Office of the Chief District Medical & Public Health Officer-cum-District Mission Director District Programme Management Unit, National Health Mission



To Letter No 2798

Dote - 01/10/2021

The DIO-NIC, Sambalpur

Sub: Request to Publish the Advertisement in the District website.

Sir.

With reference to the subject cited above, I am enclosing herewith advertisement for publication in the District Website.

This is for your kind information & necessary action.

Yours faithfully

Chief District Medical & Public Health Officer-cum-DMD,

Sambalpur

#### **EXPRESSION OF INTEREST**

## OFFICE OF THE CHIEF DISTRICT MEDICAL & PUBLIC HEALTH OFFICER, SAMBALPUR ZILLA SWASTHYA SAMITI, SAMBALPUR

No: 2797 /NHM/2021

Date: 01/10/2024

Expressions of Interests are invited from qualified individuals for rendering Physiotherapy Services both on fixed day basis at PHC- HWC & its field area. Interested eligible candidates are required to apply in the prescribed format with documentary proof with written willingness for participating in the selection process. The application must reach to the Office of the CDM&PHO, District Headquarter Hospital, Sambalpur on or before 27/10/2021 up to 5.00 PM through registered post/speed post/ By hand only. The application should be superscribed with "Expression of Interest for "Physiotherapy Services at PHC- HWC level" .The details of eligibility criteria, allowance & application form can be downloaded from <a href="www.Sambalpur.nic.in">www.Sambalpur.nic.in</a>. The undersigned reserves the right to cancel any or all applications without assigning any reason thereof.

Sd/-Chief District Medical & PHO , Cum DMD , NHM Sambalpur



### ELIGIBILITY CRITERIA FOR EMPANELMENT OF PHYSIOTHERAPIST

Si. No.	Criteria	Details
1.	Qualification	The candidate must have Bachelor degree in Physiotherapy i.e BPT (4 years 6 months duration including internship) from a recognised university with 55% of marks in BPT.  Experience: Minimum 6 month of post qualification experience in the same field.
2.	Age limit	Not more than 50 Years at the time of Joining
3.	Days & time of service and Job description	<ul> <li>The empanelled Physiotherapist has to devote at least 3 hour at PHC-HWC level during OPD hours and attend at least 2 patients per session. (visit 1 day in a week)</li> <li>The empanelled Physiotherapist has to attend at least 3 patients in each home visit to Home bound / Bed ridden cases along with ASHA if present in the village. (Visit 1 day in a week).</li> <li>Domiciliary visits for attention and care to home bound / bed ridden persons and skill building of the family members &amp; care givers to look after them.</li> <li>The Physiotherapist will be attached to 2-3 PHC/SC-HWCs as required.</li> <li>De empanelment of candidates, if the performance of the candidates is not found to be satisfactory in quarterly review.</li> </ul>
4	Specialist remuneration	The empanelled Physiotherapist will be eligible to get session allowances @ Rs.500/- per session.  In addition to the service allowances S/He will be get fixed trave allowances for field/ home visit days only.
5	Selection Procedure	PHC-HWCs will be assigned as per his/her choice based on the marks secured in BPT examination.
6	Records	Case card shall be issued to all attended cases during home visit and updated on each visit. Further, a register shall be maintained for record by the empanelled Physiotherapist. The register as documentary proof shall be submitted before PHC/CHC M/O for raising claims (Session and travel allowances).
7	Reporting	Medical Officer of the PHC/ CHC



### APPLICATION FORM

Name of the Individual	:		
Father's Name	:		
Sex Age as on ( 1 <sup>st</sup> Aug 2021)	:		Photograph
Nationality	:		
Communication address	:	٠	
· 2			
Permanent address	:		
Phone number	· ·	,	
E-mail id			
Date of Birth (copy of the	proof):		
Educational Qualification (	copy of the proof):		
Work Experience ( If any):	· ·		
Any Recognition/ Award R	eceived:		
Any other Information:			
PHC- HWC Opted :			
ı	Declaration	adida A are at	
l,true and complete to the b	(name of the Car est of my knowledge & belief	ndidate) certify that my a	answers are
f this application leads to	empanelment & subsequent understand that false or mis	opportunity to render Ph	ysiotherapy application
		Name of the Car	ndidate:

Signature:

#### Primary Health Centre- HWC List of Sambalpur District

SI No	Name of the Block	Name of the PHC-HWC
1 - '	Bamara	BABUNIKTIMAL
2	Bamara	BURBUDA
3	Bamara	JARABAGA
4	Bamara	KESEIBAHAL
5	Bamara	MAHULPALI
6	JAMANKIRA	BANJARI
7	JAMANKIRA	BHOJPUR
8	JAMANKIRA	JAMANKIRA
9	JAMANKIRA	KENADHIPA
10	JAMANKIRA	KULUNDI
11	JUJUMARA	Hatibari
12	JUJUMARA	MEGHPAL
13	JUJUMARA	PADIABAHAL
14	KOCHINDA	Gochara phc
15	KOCHINDA	KUSUMI
16	KOCHINDA	Kuturachuan
17	KOCHINDA	TUREINIKTIMAL
18	MANESWAR	Dhama
19	MANESWAR	PARMANPUR
20	MANESWAR	Sangramal
21 .	NAKTIDEOL	BATGAON PHC NEW
22	NAKTIDEOL	GIRISH CHANDRAPUR PHC NEW
23	RAIRAKHOL	Badmal
24	RAIRAKHOL	Kadaligarh
25	RENGALI	BABUKHINDA
26	RENGALI	KATARBAGA
27	RENGALI	RENGALI

