APPPOINTMENT NOTICE FOR DENTAL, PHYSIOTHERAPY, NURSING, CONVENT SCHOOL & +2 SC, TEACHING/ NON TEACHING STAFF & HEALTH CARE PROJECT MEDICAL STAFF, URGENT NOTICE -2017-18


Newly Open Dental Medical College, Bachelor of Physiotherapy College, B.sc Nursing College, Pathology Courses and Bharat Bikash Healthcare Project (Medical Store, Diagnostically Centre, & Pathological Laboratory) 30 District in Odisha. Under this Societies Declare the Following Contractual Post are Laying Vacant in given below in table. All Indian Interested Both Male/Female Age Between 18 to 45 Years Candidates are can Apply. Selection Procedure only Mark Basis for our Managements Selection Committee Guideline All Rule and Regulation. APPLY LAST DATE-10.5.2017. CONTACT NO- 09438047436, 06792-262624(O)

BHARAT BIKASH GROUP HEALTH CARE PROJECT BIJU PATTNAIK VIKASH GROUP OF G.N.M./A.N.M./B. Sc NURSING, PHYSIOTHERAPY & DENTAL COLLEGE ,BARIPADA , Jobs 2017 40 Posts:- Office of the BHARAT BIKASH GROUP HEALTH CARE PROJECT Programmed Management Unit, Baripada has advertised a notification for the recruitment of DENTAL, PHYSIOTHERAPY, NURSING, CONVENT SCHOOL & +2 SC +3 Sc College, TEACHING STAFF, TEACHING STAFF / NON TEACHING STAFF & HEALTH CARE PROJECT MEDICAL STAFF
vacancies under privet on Temporary Or Permanent Eligible Candidates can Apply in Prescribed Application Format on or Before 10-05-2017 by 05.00 PM. Other Details Like Age Limit, Educational Qualification, Selection Process & How To Apply Are Given Below

BHARAT BIKAISH GROUP HEALTH CARE PROJECT VACANCY DETAILS:
Total No. of Posts: -Name of the Posts given Billow

<table>
<thead>
<tr>
<th>Sl No</th>
<th>NAME OF THE POST</th>
<th>QUALIFICATION</th>
<th>NO OF VACCANCY</th>
<th>PER MONTH CONSOLIDATED</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>B.SC,NURSING COLLEGE TUTOR/LECTURER</td>
<td>M.Sc. NURSING</td>
<td>24 POST</td>
<td>Rs.20,000/- to Rs.30,000/-</td>
</tr>
<tr>
<td>2</td>
<td>G.N.M., SCHOOL, TUTOR</td>
<td>B.Sc. NURSING / M.Sc. NURSING</td>
<td>16 POST</td>
<td>Rs.12,000/- to Rs.20,000/-</td>
</tr>
<tr>
<td>3</td>
<td>+2/+3 SC LECTURER (PCM)</td>
<td>M.Sc/P.C.M.(CHEM.-2/ PHYS.-2)</td>
<td>4 POST</td>
<td>Rs.8.000/- to Rs.15,000/-</td>
</tr>
<tr>
<td>4</td>
<td>+2/+3SC LECTURER (C.B.Z)</td>
<td>M.Sc(ZOOLOZY-2/ BOTANY-2)</td>
<td>4 POST</td>
<td>Rs.8.000/- to Rs.15,000/-</td>
</tr>
<tr>
<td>5</td>
<td>+2/+3SC LECTURER ARTS</td>
<td>M.A. ( ORIYA-2 / ENGLISH-2)</td>
<td>4 POST</td>
<td>Rs.8.000/- to Rs.15,000/-</td>
</tr>
<tr>
<td>6</td>
<td>CONVENT SCHOOL RINCIPAL</td>
<td>M.Sc/P.C.M. &amp; MCOM &amp; M.A.</td>
<td>30 POST</td>
<td>Rs.10,000/- to Rs.15,000/-</td>
</tr>
<tr>
<td>7</td>
<td>CONVENT SCHOOL TEACHER</td>
<td>B.Sc.BED P.C.M.(CHEM.-30 / PHYS.-30)</td>
<td>10 POST</td>
<td>Rs.6.000/- to Rs.15,000/-</td>
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<tr>
<td>8</td>
<td>CONVENT SCHOOL TEACHER</td>
<td>B.Sc. BED M.SC</td>
<td>10 POST</td>
<td>Rs.6.000/- to Rs.15,000/-</td>
</tr>
<tr>
<td>9</td>
<td>CONVENT SCHOOL TEACHER</td>
<td>B.Sc., BCOM, BA, (SC. -P.C.M. / C.B.Z. )</td>
<td>10 POST</td>
<td>Rs.6.000/- to Rs.15,000/-</td>
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<tr>
<td>10</td>
<td>CONVENT SCHOOL TEACHER</td>
<td>M.A. PASS / ORIYA. ENG. GEG. HISTORY</td>
<td>10 POST</td>
<td>Rs.6.000/- to Rs.12,000/-</td>
</tr>
<tr>
<td>11</td>
<td>OFFICE ADMINISTRATIVE</td>
<td>M.B.A (H.R. OR MARKETING E ) COMPUTER (ENGLISH/ORIYA)</td>
<td>10 POST</td>
<td>Rs.8,000/- to Rs.15,000/-</td>
</tr>
<tr>
<td>12</td>
<td>PERSONAL ASSISTANCE (M)</td>
<td>B.B.A. ANY MARKETING WITH COMPUTER (ENGLISH/ORIYA)</td>
<td>10 POST</td>
<td>Rs8000/-to Rs.15,000/-</td>
</tr>
<tr>
<td>13</td>
<td>STENOGRAPHER</td>
<td>+3PASS STENO WITH COMPUTER (ENGLISH/ORIYA)</td>
<td>02 POST</td>
<td>Rs8.000/- to Rs.15,000/-</td>
</tr>
<tr>
<td>14</td>
<td>JUNIOR CLERK</td>
<td>+3 PASS WITH COMPUTER (ENGLISH/ORIYA)</td>
<td>10 POST</td>
<td>Rs.6,000/- to Rs.12,000/-</td>
</tr>
<tr>
<td>15</td>
<td>DOCTOR (MEDICINE/</td>
<td>M.B.B.S/ M.D. (MEDICINE)</td>
<td>20 POST</td>
<td>Rs.20,000/- to Rs.50,000/-</td>
</tr>
<tr>
<td>Job Title</td>
<td>Qualification</td>
<td>No. of Posts</td>
<td>Salary Range</td>
<td></td>
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<td>-----------------------------------------------</td>
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<td></td>
</tr>
<tr>
<td>GYNAECOLOGY / PAEDIATRIC)</td>
<td>GYNAECOLOGY/ PAEDIATRIC-</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DOCTOR (ULTRASOUND SONOLOGIST,RADIOLOGY)</td>
<td>M.B.B.S, M.D. (ULTRASOUND SONOLOGIST, RADIOLOGIST)</td>
<td>10 POST</td>
<td>Rs.20,000/- to Rs.40,000/-</td>
<td></td>
</tr>
<tr>
<td>LECTURE FOR PHYSIOTHERAPY</td>
<td>M.P.T OR B.P.T</td>
<td>10 POST</td>
<td>Rs.10,000/- to Rs.20,000/-</td>
<td></td>
</tr>
<tr>
<td>DENTAL DOCTOR or LECTURER</td>
<td>MD OR B.D.S (DENTAL)</td>
<td>10 POST</td>
<td>Rs.20,000/- to Rs.40,000/-</td>
<td></td>
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<tr>
<td>MEDICINE SALES PERSION</td>
<td>SALES IN MEDICINE STORE</td>
<td>30 POST</td>
<td>Rs.5,000/- to Rs.10,000/-</td>
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<tr>
<td>PATHOLOGY DOCTOR</td>
<td>M.B.B.S WITH PATHOLOGY (B.M.L.T. OR D.M.L.T.)</td>
<td>30 POST</td>
<td>Rs.20,000/- to Rs.30,000/-</td>
<td></td>
</tr>
<tr>
<td>PHARMACIST</td>
<td>DIPLOMA IN PHARMACY</td>
<td>30 POST</td>
<td>Rs.6,500/- to Rs.18,000/-</td>
<td></td>
</tr>
<tr>
<td>CLINICAL INSTRUCTOR</td>
<td>B.SC (N) FRESS /G.N.M.</td>
<td>10 POST</td>
<td>Rs.7,000/- to Rs.15,000/-</td>
<td></td>
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<tr>
<td>HEALTH SUPERVISER</td>
<td>+2 PASS</td>
<td>30 POST</td>
<td>Rs.4,000/- to Rs.8,000/-</td>
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<tr>
<td>HOSTEL WARDEN</td>
<td>+2 pass</td>
<td>4 POST</td>
<td>Rs.5,000/- to Rs.8,000/-</td>
<td></td>
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<tr>
<td>SECURITY GUARD</td>
<td>8TH PASS</td>
<td>10 POST</td>
<td>Rs.4,000/- to Rs.8,000/-</td>
<td></td>
</tr>
<tr>
<td>PEON / SWEEPER</td>
<td>8TH PASS</td>
<td>10 POST</td>
<td>Rs.4,000/- to Rs.8,000/-</td>
<td></td>
</tr>
<tr>
<td>COOKER</td>
<td>8TH PASS</td>
<td>6 POST</td>
<td>Rs.6,000/- to Rs.10,000/-</td>
<td></td>
</tr>
<tr>
<td>BUS DRIVER-3 ,CAR DRIVER-3</td>
<td>8TH PASS WITH DRIVER LICENCES</td>
<td>6 POST</td>
<td>Rs.7,000/- to Rs.12,000/-</td>
<td></td>
</tr>
</tbody>
</table>

**Age Limit:** Candidates age limit should be 18 – 48 years as on 01-04-2017. Age relaxation is admissible as per rules. **Educational Qualification:** Qualification of Eligible Candidate Prescribes Above the table. **Selection Process:** Candidates will be selected based on Applicants Career Assessment, Assessment, Computer Test & Viva Voce. **How to Apply:** Eligible candidates can send their application in prescribed format with attested copies of educational qualification certificate, Employment registration no, residential certificates, experience certificate, caste certificate, Adhar card, passport size color photograph, registration certificate & in an envelope should be super scribed as Application for the post of________ by speed post/ Through the mail add. To The secretary, Mr. Bikash Chandra sethi AT-DEBENDRAPUR, P.R.M. MEDICAL COLLEGE & HOSPITAL ROAD, PO-TAKATPUR, P.S-BARIPADA, DIST-MAYURBHANJ, ODISHA PIN-757003 or before 10-05-2017 by 05.00 PM.

**Last Date for Receipt of Application:** 10-05-2017 by 05.00 PM.:–For more details like category, tenure, remuneration, vacancy details, emolument, selection process, age relaxation, Salary and benefits, compensation & other information click on the link given below.
BIO-DATA FORM FOR BHARAT BIKAISH HEALTH CARE PROJECT

To
The Secretary
BHARAT BIKAISH HEALTH CARE PROJECT, BARIPADA,
At/Po-Takatpur (Debendrapur) Ps-Baripada,
Dist-Mayurbhanj, Odisha ,Pin-757003,

Post Applied for: ________________________________________________________________

1. Name: Mr. / Mrs. / Miss. __________________________________________________________
   [In Capital letters] First Name Middle Name Last Name
   (i) Personal Contact No:------------------------(ii) Father/Mother Contact No:------------------
   (iii) Email Address:________________________________________________________________

2. Date of Birth __________________________

3. Permanent Address __________________________________________________________________

4. Technical Qualifications: __________________________________________________________

5. Past Employment Experience: _____________________________________________________

6. Language Known: __________________________________________________________________

7. Nationality _____________________________________________________________

8. Caste ___________________________ [SC / ST / OBC / General]

9. Religion _________________________________________________________________

10. Registration No. For R.N. ___________________ R.M. __________________________

DECLARATION

I hereby declare that the above information is correct to the best of my knowledge & belief. In case any of
the above information is found incorrect my application is liable to be cancelled and I shall abide by the
Company’s decision / action taken in this regard.

Date..........................
Place.........................

..............................................

Signature
BIO-DATA FORM FOR B.SC NURSING

To
The Secretary
COLLEGE OF B.SC NURSING, BARIPADA,
At/Po-Takatpur (Debendrapur) Ps-Baripada,
Dist-Mayurbhanj, Odisha ,Pin-757003,

Post Applied for: -------------------------------------------------------------------------------------

1. Name: Mr. / Mrs. / Miss. ---------------------------------------------------------------------------
   [In Capital letters] First Name Middle Name Last Name
   (i) Personal Contact No:------------------------(ii) Father/Mother Contact No:-__________________
   (iii) Email Address:---------------------------------------------------------------------------

2. Date of Birth -------------------------------------------------------------------------------------------

3. Permanent Address --------------------------------------------------------------------------------
   ------------------------------------------------------------------------------------------

4. Technical Qualifications: ---------------------------------------------------------------------------

5. Past Employment Experience:--------------------------------------------------------------------

6. Language Known:------------------------------------------------------------------------------------

7. Nationality ------------------------------------------------------------------------------------------

8. Caste ------------------------------------------- [SC / ST / OBC / General]

9. Religion------------------------------------------------------------------------------------------

10. Registration No. For R.N. ----------------------------------- R.M. ------------------------------

DECLARATION

I hereby declare that the above information is correct to the best of my knowledge & belief. In case any of
the above information is found incorrect my application is liable to be cancelled and I shall abide by the
Company's decision / action taken in this regard.

Date............................ ...................................... Place..........................

Signature
BIO-DATA FORM FOR CONVENT SCHOOL

To
THE SECRETARY
BHARAT BIKASH CONVENT SCHOOL, BARIPADA
AT-DEBENDRAPUR, PO.- TAKATPUR,
PS- BARIPADA, DIST. - MAYURBHANJ, ODISHA-757003

Post Applied for:-------------------------------------------------------------------------------------

1. Name: Mr. / Mrs. / Miss. -----------------------------------------------------------------
   [In Capital letters] First Name Middle Name Last Name
   (i) Personal Contact No:------------------------ (ii) Father/Mother Contact No:-__________________
   (iii) Email Address:---------------------------------------------------------------------------

2. Date of Birth-------------------------------------------------------------------------------------------

3. Permanent Address-----------------------------------------------------------------------------------
   ________________________________________________________________________________________

4. Technical Qualifications:--------------------------------------------------------------------------------

5. Past Employment Experience:---------------------------------------------------------------------

6. Language Known:------------------------------------------------------------------------------------

7. Nationality------------------------------------------------------------------------------------------

8. Caste------------------------------------------------[SC / ST / OBC / General]

9. Religion-------------------------------------------------------------------------------------------

10. Registration No. For R.N.------------------------ R.M.---------------------------------------------

DECLARATION

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the above information is found incorrect my application is liable to be cancelled and I shall abide by the
Company’s decision / action taken in this regard.

Date............................                                                                                             .......................
Place..........................                                                                                              Signature
BIO-DATA FORM FOR MEDICAL DENTAL COLLEGE

To
THE SECRETARY
MEDICAL DENTAL COLLEGE, BARIPADA
AT-DEBENDRAPUR, PO.- TAKATPUR,
PS.- BARIPADA, DIST. - MAYURBHANJ,
ODISHA-757003

Post Applied for: --------------------------------------------------------------------------------------------------

1. Name: Mr. / Mrs. / Miss. -----------------------------------------------------------------------------------------------
   [In Capital letters] First Name Middle Name Last Name
   (i) Personal Contact No:-------------------(ii)Father/Mother Contact No:-__________________________
   (iii) Email Address:-----------------------------------------------------------------------------------------------

2. Date of Birth ----------------------------------------------------------------------------------------------------------

3. Permanent Address -----------------------------------------------------------------------------------------------

4. Technical Qualifications: ---------------------------------------------------------------------------------------------

5. Past Employment Experience: -----------------------------------------------------------------------------------------

6. Language Known: -----------------------------------------------------------------------------------------------------

7. Nationality ----------------------------------------------------------------------------------------------------------------

8. Caste ------------------------------------------------------------- [SC / ST / OBC / General]

9. Religion -----------------------------------------------------------------------------------------------------------

10. Registration No. For R.N. --------------------------- R.M. -----------------------------------------------

DECLARATION

I hereby declare that the above information is correct to the best of my knowledge & belief. In case any of
the above information is found incorrect my application is liable to be cancelled and I shall abide by the
Company's decision / action taken in this regard.

Date........................................
Place......................................

.......................... ..........................................................
.......................... Signature
BIO-DATA FORM FOR BATCHLEOR OF PHYSIOTHERAPY

To
THE SECRETARY
BATCHLEOR OF PHYSIOTHERAPY COLLEGE, BARIPADA
AT-DEBENDRAPUR, PO. - TAKATPUR,
PS- BARIPADA, DIST. - MAYURBHANJ,
ODISHA-757003

Post Applied for: Adamantium Adamantium Adamantium Adamantium

1. Name: Mr. / Mrs. / Miss. Adamantium Adamantium Adamantium
   (In Capital letters) First Name Middle Name Last Name
   (i) Personal Contact No:-----------------------------(ii) Father/Mother Contact No:-----------------------------
   (iii) Email Address:-------------------------------

2. Date of Birth Adamantium

3. Permanent Address Adamantium Adamantium Adamantium Adamantium

4. Technical Qualifications: Adamantium

5. Past Employment Experience: Adamantium

6. Language Known: Adamantium

7. Nationality Adamantium


9. Religion Adamantium Adamantium Adamantium Adamantium

10. Registration No. For R.N. Adamantium Adamantium Adamantium Adamantium
    R.M. Adamantium Adamantium

DECLARATION

I hereby declare that the above information is correct to the best of my knowledge & belief. In case any of the above information is found incorrect my application is liable to be cancelled and I shall abide by the Company's decision / action taken in this regard.

Date............................
Place..........................

......................................

Signature
BIO-DATA FORM FOR BIJUPATTNAIK BIKASH MEDICAL TECHNOLOGY

To
THE SECRETARY
BIJUPATTNAIK BIKASH MEDICAL TECHNOLOGY, BARIPADA
AT-DEBENDRAPUR, PO.- TAKATPUR,
PS- BARIPADA, DIST. - MAYURBHANJ,
ODISHA-757003,

Post Applied for: ---------------------------------------------------------------

1. Name: Mr. / Mrs. / Miss. ----------------------------------------------------------
[ In Capital letters ] First Name Middle Name Last Name
(i) Personal Contact No:------------------(ii) Father/Mother Contact No:------------------
(iii) Email Address:----------------------------------

2. Date of Birth ---------------------------------------------------------------

3. Permanent Address ---------------------------------------------------------------

4. Qualifications: ---------------------------------------------------------------

5. Past Employment Experience: --------------------------------------------------

6. Language Known: ---------------------------------------------------------------

7. Nationality ---------------------------------------------------------------

8. Caste ------------------------------------------------ [ SC / ST / OBC / General ]

9. Religion ---------------------------------------------------------------

10. Employment Exchange Registration (if yes) No.-----------------------Dt----------

11. Computer Any Experience: --------------------------------------------------

DECLARATION

I hereby declare that the above information is correct to the best of my knowledge & belief. In case any of
the above information is found incorrect my application is liable to be cancelled and I shall abide by the
Company's decision / action taken in this regard.

Date.......................................................... ........................................
Place.................................................. Signature
BIO-DATA FORM

To
THE SECRETARY
BIJUPATNAIK +2 & +3 SCIENCE COLLEGE, BARIPADA
AT-DEBENDRAPUR, PO.- TAKATPUR,
PS- BARIPADA, DIST.- MAYURBHANJ,
ODISHA-757003,

Post Applied for:-------------------------------------------------------------------------------------

1. Name: Mr. / Mrs. / Miss. *----------------------------------------------------------------------------------------------------------------------
   [ In Capital letters ] First Name Middle Name Last Name
   (i) Personal Contact No:------------------------(ii) Father/Mother Contact No:-__________________
   (iii) Email Address:---------------------------------------------------------------------------
2. Date of Birth---------------------------------------------------------------------------------------------
3. Permanent Address--------------------------------------------------------------------------------------
   -------------------------------------------------------------------------------------
4. Qualifications:------------------------------------------------------------------------------------------------
5. Past Employment Experience:------------------------------------------------------------------------------------------------
6. Language Known:------------------------------------------------------------------------------------------------
7. Nationality------------------------------------------------------------------------------------------------
8. Caste ------------------------------------------------- [ SC / ST / OBC / General ]
9. Religion------------------------------------------------------------------------------------------------
10. Employment Exchange Registration (if yes) No. --------------Dt-----------------------------
11. Computer Any Experience:------------------------------------------------------------------------------------------------

DECLARATION

I hereby declare that the above information is correct to the best of my knowledge & belief. In case any of
the above information is found incorrect my application is liable to be cancelled and I shall abide by the
Company's decision / action taken in this regard.

Date............................ ..........                                      Place.......................... Signature