



Letter No- 5176 /DPMUDGH

Date- 14-12-2022

Expression of Interest for Physiotherapy Services at PHC-HWC

Expression of Interest is invited from individual for rendering Physiotherapy services at PHC-HWC level. Physiotherapy services include fixed day services at PHC-HWC level & Home Visit to home bound/bed ridden cases as per guideline. The Individuals will be paid session wise allowances for giving define services. In addition to the services allowance He/She will get fixed travel allowance for field / Home visit days only. He/She will provide services for 2 days in a week (1 fixed day at PHC-HWC & 1 day for field / Home visit) per PHC-HWC. He/She can be engaged to work maximum at 3 PHC-HWCs.

The Minimum Qualification, age & Experience for Empanelment of Physiotherapist is as follows:

- Education: Bachelor degree in Physiotherapy i.e BPT (4 years 6 month duration including internship) from recognized university with 55 percentage of marks in BPT.
- Age: Not more than 50 years at the time of joining.
- Experience: Minimum 6 month of Experience is preferable but not necessary.

Individual interest for the task shall have to apply in the prescribed format with documentary proof with written willingness for participating in the selection process.

The candidates are required to bring the filled in application form as per prescribed format along with all their original certificates in support of their educational qualification, age, experience, photograph, self-photo ID proof (AADHAR/PAN/Voter Card etc.....) & one set of self-attested photocopies of the same to the Office of the CDM&PHO, Deogarh on Date- 28-12-2022 at 10.00 am for necessary verification & empanelment. No candidate shall be allowed after the scheduled Date & Time. No TA/DA to be paid to attaining the interview.

The authority reserve the right to cancel all the process without assign any reason thereof.

Date:

Place:


14/12/22
Authorized Signature

Application Form

1. Name of Individual :
2. Sex :
3. Age (as on 1st April 2022):
4. Address :
5. Contact Number :
6. E Mail Id :
7. Educational Qualification (as per EoI):
8. Work Experience (if any):
9. Any recognition/award received:
10. Any other information:

Declaration

I, _____ (name of the candidate) certify that my answer are true and complete to the best of my knowledge and belief. If this application leads to empanelment & subsequent opportunity to render Physiotherapy services as per guidelines, I understand that false or misleading information in my application or response may result in my disqualification.

Date:
Place:

Name of the Candidate
Signature: _____