

OFFICE OF THE CDM & PHO, NAYAGARH

Expression of Interest for Physiotherapy Services at PHC-HWC level

No 1541 /Dt 12/08/21

Expressions of Interests are invited from individual for rendering Physiotherapy services at PHC- HWC level. Physiotherapy services include Fixed day services at PHC-HWC level & Home visits to Home bound/ bed ridden cases as per guideline. The individuals will be paid session wise allowances for giving defined services. In addition to the service allowance s/he will get fixed travel allowance for field / home visit days only. S/he will provide services for 2 days in a week (1 fixed day at PHC-HWC & 1 day for field/ home visit) per PHC-HWC. S/he can be engaged to work maximum at 3 PHC-HWCs.

The Minimum qualification, age & experience for empanelment of Physiotherapists is as follows:

- **Education:** Bachelor degree in Physiotherapy i.e. BPT (4 year 6 month duration including internship) from a recognized university with 55 percentage of mark 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 interested for the task shall have to apply in the prescribed format with documentary proof with written willingness for participating in the selection process.

Honorarium: The honorarium will be paid per session basis i.e Rs.500/- for 3 hours & mobility allowance @ Rs 150/- per visit per day for attending home bound/ bed ridden cases and same amount for conducting a session at HWC.

Interested Candidates may apply to the undersigned with the prescribed application form along with relevant documents on or before dtd.31/08/2021 upto 5.00 P.M.. After scheduled date & time, no application will be entertained. Further communication to the shortlisted candidate will be made through the district website i.e. www.nayagargh.nic.in / Email.


12-8-21

**Chief District Medical & Public Health Officer
Nayagarh**

Application Form

1. Name of Individual:
2. Sex:
3. Age (as on 1st April 2021):
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 answers are true and complete to the best of my knowledge & 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: