



**ZILLA SWATHYA SAMITI, RAYAGADA  
(UNDER NATIONAL HEALTH MISSION)**



**In- House Advertisement**

Advt. No. 01 /NHM/2026

Date 20 /01/2026

Walk-In-Interview will be conducted to fill-up the vacancies under Zilla Swasthya Samiti (ZSS) Rayagada from the In-house contractual employees of NHM working in same post under OSH&FWS Society in other district and desiring to be posted in Rayagada district. Candidate who wish to appear at Walk-In-Interview against the vacancies (as per details given in the official website : [www.rayagada.odisha.gov.in.](http://www.rayagada.odisha.gov.in)) will appear at the office of the **CDM&PHO, Rayagada, At-Barijhola, Po-Rayagada Pin-765002** on 11-02-2026 & **Registration timing will be from 10.30 AM to 12 Noon only.** Number of vacancies under this Advertisement is provisional which may increase or decrease depending upon the requirement at the time of selection. The undersigned reserves the right to cancel / reject any or all the applications without assigning any reason thereof.

  
CDMPHO cum DMD, Rayagada

20.1.26



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(UNDER NATIONAL HEALTH MISSION)**



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SL. No	Programme	Name of the Post	Process	Vacancy	Walk-in-Interview Date
1	NTEP	Senior Technical Supervisor (STS)	In-house	2	11-02-2026
2	NMHP	Community Supervisor	In-house	1	11-02-2026

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Number of vacancies under this advertisement is provisional which may increase or decrease depending upon the actual vacancy. Time to time notification regarding status of selection process will be hoisted in the district website i.e. [www.rayagada.odisha.gov.in](http://www.rayagada.odisha.gov.in). The under signed reserves right to reject/ cancel any or all application without assign reason thereof.

  
Sd/-  
CDM&PHO-Cum- District Mission director  
20-1-26 Rayagada

**Application form for In-House Contractual Employee of NHM Working in the same post under OSH&FWS in other District desiring to be posted in Rayagada District.**

1. Name of the Post applied For:
2. Name of the applicant (Block Letter):
3. Father's Name:
4. Sex:
5. Date of Birth:
6. Categories: (ST/SC/SEBC/UR/PWD/Ex Service Man/Women):
7. Present Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. Permanent Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. Email ID: \_\_\_\_\_
10. Present Place of Posting: \_\_\_\_\_
11. Date of joining the same post: \_\_\_\_\_
12. Name of the previous station in such post: (Mention the Name of the District)
  - Place of Posting ..... From ..... To .....
  - Place of Posting ..... From ..... To .....
13. Last uninterrupted contractual Services in the same post under the society. (Mention the Name of the District).
  - Place of Posting ..... From ..... To .....
  - Place of Posting ..... From ..... To .....

**Declaration by the Candidates**

I do hereby declare that the information furnished above are true to the best of my knowledge and belief and that, any stage, it is found any of the above information is false/ incorrect or is suppressed by me, my candidature/ appointment under Odisha State Health & Family welfare society (OSH&FWS), Odisha is liable to be rejected/ terminated.

**(Signature of the Applicant)**

Enclosure:

1. NOC with continuation & Experience Certificate if any in same post under NHM issued by Concern CDM&PHO.
2. Caste certificate issued by competent authority.
3. Any identity proof (Voter ID card/Aadhar Card/Pan Card).
4. Photo copy of all academic Certificate & Mark sheets (Self attested).
5. Pass port Size own Photograph. (2)

**(Signature of the Applicant)**

