

क्षेत्रीय शिक्षा संस्थान , भुवनेश्वर REGIONAL INSTITUTE OF EDUCATION, BHUBANESWAR-751022 राष्ट्रीय शैक्षिक अनुसंधान और प्रशिक्षण परिषद् (National Council of Educational Research & Training)

ADVERTISEMENT

No.	349	Dated: 7-2-19

Applications are invited from the Registered Medical Practitioners (Allopathic) for engagement of part-time Medical Officer (Male & Female One each) in the RIE Dispensary on monthly consolidated remuneration @ Rs.25,000/- per month initially for a period of one year with effect from 01.04.2019. The Medical Officers are to attend the Dispensary either from 09.30 a.m. to 12.30 p.m. or from 02.30 p.m. to 5.30 p.m. daily except on Sundays and Government Holidays. Retired Medical Officers may also apply for the purpose. Filled in Biodata along with relevant documents should reach the undersigned latest by 22.02.2019 by Post only.

This issues with the approval of the competent authority.

Administrative Officer

BIO-DATA

 Father's Name Date of Birth Age as on 1st January,2019 Nationality Address for correspondence Mobile No. E-mail Qualification Specialised Training undertaken, if any. Experience Post retirement activities 	1.	Name	1 1			
 4. Age as on 1st January,2019 : 5. Nationality : 6. Address for correspondence : 7. Mobile No. : 8. E-mail : 9. Qualification : 10. Specialised Training undertaken, if any. 11. Experience : 	2.	Father's Name	UCAT			
 4. Age as on 1st January,2019 : 5. Nationality : 6. Address for correspondence : 7. Mobile No. : 8. E-mail : 9. Qualification : 10. Specialised Training undertaken, if any. 11. Experience : 						
5. Nationality : 6. Address for correspondence : 7. Mobile No. : 8. E-mail : 9. Qualification : 10. Specialised Training undertaken, if any. 11. Experience :	3.	Date of Birth	ıria			
6. Address for correspondence : 7. Mobile No. : 8. E-mail : 9. Qualification : 10. Specialised Training undertaken, if any. 11. Experience :	4.	Age as on 1 st January,2019	:			
6. Address for correspondence : 7. Mobile No. : 8. E-mail : 9. Qualification : 10. Specialised Training undertaken, if any. 11. Experience :						
7. Mobile No. : 8. E-mail : 9. Qualification : 10. Specialised Training undertaken, if any. 11. Experience :	5.	Nationality	:			
 8. E-mail : 9. Qualification : 10. Specialised Training undertaken, if any. 11. Experience : 	6.	Address for correspondence	:			
 8. E-mail : 9. Qualification : 10. Specialised Training undertaken, if any. 11. Experience : 						
9. Qualification : 10. Specialised Training undertaken, : if any. 11. Experience :	7.	Mobile No.				
10. Specialised Training undertaken, : if any. 11. Experience :	8.	E-mail	:			
10. Specialised Training undertaken, : if any. 11. Experience :						
if any. 11. Experience :	9.	Qualification				
	10.					
12. Post retirement activities :	11.	Experience	:			
	12.	Post retirement activities				

DECLARATION

I hereby declare that the particulars mentioned above are true to the best of my knowledge and belief.

SIGNATURE