



DIRECTORATE OF STATE INSTITUTE OF HEALTH & FAMILY WELFARE, ODISHA

Nayapalli, Bhubaneswar – 751 012

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Letter No. 2463 SIH&FW- TRG-TRG-0002-2021 /Bhubaneswar //

Date 24/05/2023

To

**The Deputy Secretary to Govt. of Odisha, (In-charge of Advertisement)
I&PR Dept., Bhubaneswar.**

Sub: Release of Classified Advertisement for PG Diploma in Public Health Management Training Course for regular in-service Govt. MBBS Doctors.

Ref:- As approved by Govt. H&FW, Department, Odisha (OSWAS Noteing-146)
Sir,

Please find herewith an advertisement for “Post Graduate Diploma in Public Health Management” Course for Regular in-service MBBS Doctors of H&FW, Deptt, GoO for Publication. (Both hard & soft copy enclosed)

The cost of the above classified advertisement may kindly be borne by the I&PR Dept, Govt. of Odisha. It is therefore sincerely requested to make necessary arrangements for release the advertisement for 300 Sq.cm B/W inner in 3 no's leading odia and 1 no local English dailies on 1st, 2nd and 3rd June 2023 **in I & PR Department cost.** The RO copy may kindly be intimated to this Directorate through emails sihfwodisha@gmail.com, orsihtraining@gmail.com.

Thanking you.

Yours faithfully,

Director

State Institute of Health & Family Welfare, Odisha

Date 24/05/2023

Memo No- 2464

Copy forwarded to Head, State Portal Group, IT Centre, Secretariat with a request to post this advertisement & application form in the official website (www.odisha.gov.in) for information and necessary action.

Director

State Institute of Health & Family Welfare, Odisha

Date 24/05/2023

Memo No- 2465

Copy forwarded to the Jt. Secretary to Govt., In-charge (IT Cell) with a request to post this advertisement & application form in the official website of Health & Family Welfare Department Odisha (<http://health.odisha.gov.in>) for information and necessary action.

Director

State Institute of Health & Family Welfare, Odisha

Date 24/05/2023

Memo No- 2466

Copy to Extension Educator, SIHFW(O) for information and necessary coordination.

Director

State Institute of Health & Family Welfare, Odisha

Date 24/05/2023

Memo No- 2467

Copy forwarded to the Technical Officer, SIHFW(O), BBSR to upload the same advertisement & application form in the website : www.sihfwodisha.nic.in.

Director

State Institute of Health & Family Welfare, Odisha

**APPLICATION FORM
FOR
COURSE ON POST GRADUATE DIPLOMA IN PUBLIC HEALTH MANAGEMENT.**

(To be submitted to the Director, SIHFW, Odisha through proper channel)

1. Name :
2. Designation:
3. Date of Birth:
4. Present place of posting :
5. Qualifications:

Name of the Degree	Institute / Board & Education	Year	Marks		
			Full Marks	Marks Secured	Percentage
Final MBBS (only)					

6. Date of Joining in Govt. Service :
7. Total period of continuous service already completed in Government
as on **31.05.2023** – Year- Month- Days-
8. Date of Retirement & remaining years of service left as per the service book as on 31st May' 2023.
9. Permanent Address
10. Present address for communication.
Mobile No. Land phone No. Email I.D
11. Self attested photo copies of the following documents to be submitted along with application form.
 - Photocopy of Mark sheet of final MBBS only.
 - Photocopy of Class – X / HSC or equivalent & final MBBS pass certificate
 - Photocopy of First page of service book
 - Photocopy of OPSC confirmation order.
 - Service particular certificate from CDM&PHO / Respective Authority.

12. TMIS ID (if available):

Declaration: Certified that I have not taken any PG/ Diploma / LSAS /EmOC / USG Training / Chemotherapy / ICU / Mental health / CPS Diploma or any other equivalent training. I am willing to take up the course on **“Post Graduate Diploma in Public Health Management”** to be provided by Department of H&FW, Govt. Odisha and I will not deny to join the course after due selection. I will abide by the rules and regulation of Govt. of Odisha during training. After completion of the training, I shall provide service for a minimum period of 5 years to the Dept. of H&FW, Govt. of Odisha.

Date:

Signature of the Applicant.

