

GOVERNMENT OF ODISHA
ST & SC DEVELOPMENT, MINORITIES & BACKWARD
CLASSES WELFARE DEPARTMENT

No. 11485 /SSD, Bhubaneswar
STSCD-WOEP-ESTT-0006-2021

Dated: 09.06.2023


NOTICE

All the successful candidates for the post of Welfare Extension Officer under ST&SC Dvelopment, Minorities and Backward Classes Welfare Department vide advertisement number 4289/OSSC dated: 23.12.2021 conducted by Odisha Staff Selection Commission are hereby informed that, they have to undergo medical examination (mandatory) and produce medical certificate in the proforma annexed herewith as required under Rule 5-e of OSWS (Method of Recruitment & Conditions of Service) Rules, 1992 as well as Rule 49 and 50 of Odisha Service Code.

The candidates are required to appear before the Chief District Medical & Public Health Officers of the concerned District, at District Headquarter Hospital from which the candidates hail (i.e. the permanent address) between 12th June to 16th June 2023 during 10:30 A.M. to 5:30 P.M. for the medical check up and submit the report along with **two (2) character certificates issued by two different gazetted officers, a declaration to the effect that no criminal antecedent / case is pending against him / her, oath of allegiance to the constitution of Bharat, a declaration of non contract of plural marriage, caste certificate if selected against SC/ST/SEBC category, Disability Certificate, Discharge Certificate in case of Ex-Service Man, original Photo Identity Card issued by Government, Sports certificate (Identity Card of Sports persons issued by the Director of Sports, Odisha), two self attested passport size photographs, original certificates and marksheets in support of educational qualification** at the time of 'document verification' cum 'counselling session' scheduled to be held on 22nd June, 2023 (from Serial number 1 to 65 in the select list) and 23rd of June, 2023 (from Serial number 65 to 129 in the select list) prior to issue of appointment order in their favour. All Chief District Medical & Public Health Officers have been instructed accordingly vide this Department letter number: **11479/SSD dated: 09.06.2023.**


For any query, the Mobile Nos 6371524140 (Asst. Section Officer) / 9937925677 (Section Officer) / 9437473003 (Deputy Director) / 9437314721 (Joint Secretary) of this Department may be contacted between 11:00 A.M. to 5:30 P.M. on working days only.

By order of Director (Scheduled Tribe)


9/6/2023
Joint Secretary to Govt.


Memo No. 11486 / SSD, Dt. 09.06.2023

Copy forwarded to Statistical Officer, SSD. He is requested to upload the said notification in the Departmental Website for information of all concerned.


9/6/2023
Joint Secretary to Govt.

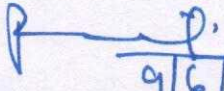
Memo No. 11487 / SSD, Dt. 09.06.2023

Copy forwarded to the Director, SCSTRTI for information and necessary action. He is requested to meet the expenditure from Training Head.


9/6/2023
Joint Secretary to Govt.

Memo No. 11488 / SSD, Dt. 09.06.2023

Copy forwarded to FE-I Section with a request to send e-Mail to the successful candidates for their information and necessary action.


9/6/2023
Joint Secretary to Govt.

Medical Examination of the Candidates selected for the Post of Welfare Extension Officer in Group-B of Odisha Subordinate Welfare Service

| Examination to be done at OPDs | |
|---------------------------------------|--------------------------|
| 1. Medicine | 1. Height |
| 2. Surgery | 2. Weight |
| 3. EYE | 3. Chest |
| a. VA | 4. Inspiration Expansion |
| b. Colour Vision | 5. BP/ PULSE |
| 4. ENT | |
| 5. O& G (in case of female) | |
| Investigation to be done | |
| 1. Hb % | |
| 2. FBS | |
| 3. Urine | |
| a. Routine | |
| b. Microscopic | |
| 4. HBS Ag | |
| 5. X ray Chest | |
| 6. Blood | |
| a. Grouping | |
| b. RH Typing | |

MEDICAL FITNESS CERTIFICATE
(For new job)

I do hereby certify that I have examined one Sri /Smt/ Ku.
.....son /daughter /wife of
Sri..... resident of
..... a candidate for
employment in the Department and cannot discover
that he has any disease, constitutional affection or bodily infirmity except
..... I consider / do not consider this a
disqualification for employment in the Office of
.....

His/her age according to his own statement is
years and by appearance is aboutyears.

Mark of Identification: 1.
 2.

Full Signature of candidate attested

Date:
Place:

Full Signature of AMA
Date/ Seal /Regn. No

DECLARATION BY CANDIDATE

I.....a candidate for employment in the
..... Department of the Government of Odisha
hereby declare that I have not at any time been pronounced unfit for Government employment
by any Medical Board of Odisha or any other constituted Medical Authority.

Date:
Place:

Full Signature of the Candidate

CHARACTER CERTIFICATE

This is to certify that Shri/Smt. _____
S/o/D/o/W/o, _____, resident of
Village/Town-_____, Po-
_____, Ps- _____ in the District of _____ in the
State of Odisha is well known to me for the last _____ and
to the best of my knowledge and belief he/she bears a reputable
character and has no antecedents which render him/her unsuitable
for Government employment. *He /She* is not related to me.

Date:

Signature:

Place :

Designation:

Office Stamp:

No Criminal Antecedent

Declaration

I, Shri/Smt/Ms _____ S/o, W/o,
D/o Shri _____ resident of
Village/Town _____ Po _____ Ps _____
in the District of _____ in the State of Odisha do hereby
declare as under :

1. That, I have not at any time been convicted by any court in India for any offence involving moral turpitude and sentenced in respect thereof to imprisonment for not less than two years.
2. That no proceedings in respect of any criminal offence alleged to have been committed by me are pending before any criminal court in India.
3. That no warrant or summons for my appearance and no warrant for my arrest have been issued by a court under any law for the time being in force, and that my departure from India has not been prohibited by order of any such court.
4. That i will not engage in activities prejudicial to the sovereignty and integrity of India.

Date _____

Signature _____

Place _____

Name _____