



OFFICE OF THE CHIEF DISTRICT MEDICAL & PUBLIC HEALTH OFFICER  
BARGARH  
ZILLA SWASTHYA SAMITI, BARGARH

**EXPRESSION OF INTEREST**


No. 12728 NHM/2021

Date 20/12/2021

Expressions of Interest are invited from qualified individuals for rendering Physiotherapy Services both on fixed day basis at PHC- HWC & its field area. Interested candidates are requested to attend on **dt-24.12.2021 from 10.30 AM to 12 PM** at **Office of the CDM & PHO District Headquarter Hospital, Bargarh**. Candidates attending beyond the scheduled time shall not be entertained. The candidates should bring their original certificates along with their bio-data in prescribed format and a set of attested photocopies of required testimonials for verification and written willingness for rendering Physiotherapy Services. The details of eligibility criteria, allowance and application form can be downloaded from **www.bargarh.nic.in**. The undersigned reserves the right to cancel any or all applications without assigning any reason thereof.

Sd/-

Chief District Medical & PHO  
Cum District Mission Director  
NHM Bargarh

  
20/12/2021

## ELIGIBILITY CRITERIA FOR EMPANELMENT OF PHYSIOTHERAPIST

Sl. No.	Criteria	Details
1.	Qualification	The candidate must have Bachelor degree in Physiotherapy i.e BPT (4 years 6 months duration including internship) from a recognised university with 55% of marks in BPT. Experience: Minimum 6 month of post qualification experience in the same field.
2.	Age limit	Not more than 50 Years at the time of Joining
3.	Days & time of service and Job description	<ul style="list-style-type: none"><li>• The empanelled Physiotherapist has to devote at least 3 hour at PHC-HWC level during OPD hours and attend at least 2 patients per session.( visit 1 day in a week)</li><li>• The empanelled Physiotherapist has to attend at least 3 patients in each home visit to Home bound / Bed ridden cases along with ASHA if present in the village. (Visit 1 day in a week).</li><li>• Domiciliary visits for attention and care to home bound / bed ridden persons and skill building of the family members &amp; care givers to look after them.</li><li>• The Physiotherapist will be attached to 2-3 PHC/SC-HWCs as required.</li><li>• De empanelment of candidates, if the performance of the candidates is not found to be satisfactory in quarterly review.</li></ul>
4	Specialist remuneration	The empanelled Physiotherapist will be eligible to get session allowances @ Rs.500/- per session. In addition to the service allowances S/He will be get fixed travel allowances for field/ home visit days only.
5	Selection Procedure	PHC-HWCs will be assigned as per his/her choice based on the marks secured in BPT examination.
6	Records	Case card shall be issued to all attended cases during home visit and updated on each visit. Further, a register shall be maintained for record by the empanelled Physiotherapist. The register as documentary proof shall be submitted before PHC/CHC M/O for raising claims (Session and travel allowances).
7	Reporting	Medical Officer of the PHC/ CHC

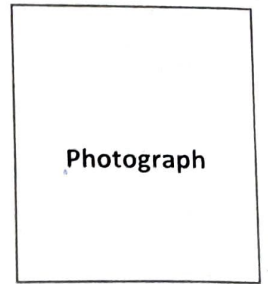
### LIST OF PHC-HWC FOR RENDERING PHYSIOTHERAPY SERVICES

Sl.No	Block	Name of the HWC
1	Attabira	Kadobahal PHC –HWC
2	Attabira	Patrapali PHC –HWC
3	Barpali	Satalama PHC –HWC
4	Bhatli	Udeapali PHC –HWC
5	Padampur	Melchhamunda PHC –HWC
6	Paikmal	Paikmal PHC –HWC
7	Piakmal	Mandosil PHC –HWC

*(Handwritten signature)*  
20/12/2024

## APPLICATION FORM

Name of the Individual :  
Father's Name :  
Sex :  
Age as on ( 1<sup>st</sup> December 2021) :



Nationality :

Communication address :

Permanent address :

Phone number :

E-mail id :

Date of Birth (copy of the proof):

Educational Qualification (copy of the proof):

Work Experience ( If any):

Any Recognition/ Award Received:

Any other Information:

PHC- HWC Opted :

### 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 :