



ODISHA STAFF SELECTION COMMISSION
Barrack No.1, Unit – V, Bhubaneswar – 751054

No.IIE-162/2019- 4228 /OSSC

Date: 22.12.2021

Notice

Pursuant to Advertisement No. 4748/OSSC dated 31.12.2019 & in continuation of this Commission's Notice No.4152/OSSC dated 18.12.2021, **the detail schedule of Certificate Verification** for the post of **Staff Nurse, ANM, Pharmacist, X-Ray Technician & ECG Technician-2019** has been uploaded in the website of the Commission www.osscc.gov.in.

Candidates shortlisted are advised to visit the website and download their Admission Letter in the link provided in **What's New** of the Home Page of the website of the Commission from **23.12.2021** onwards by logging in their **User Id** and **Password** (Application No. is the User Id and Date of Birth is the password) to appear the **Certificate Verification** in the **office of the Commission at Barrack No-1, Unit-V, Bhubaneswar**

The **Bio-Data-cum-Attestation Form** has also been uploaded in the above website. The candidates concerned are required to download & submit the same duly filled in with full signature at the designated space before the Verification Board (on the date of Certificate Verification) with all other requisite certificates/documents in original as mentioned in admission letter along with a set of xerox copy of the same for verification at this end.

Candidates concerned are advised to be in regular touch with the website of the Commission for further updates.


The candidature of the candidates shall not be considered for selection who do not attend the Certificate Verification on the schedule date & time.

By order of the Commission

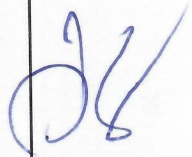
[Signature]
Secretary

Schedule for Document Verification of Staff Nurse

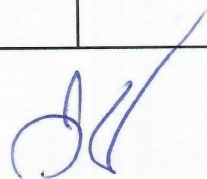
Sl. No.	Roll No.	Date	Time	Verification Board
1	1905102111113	27.12.2021	10.00 A.M	Board-I
2	1905102111116			
3	1905102111117			
4	1905102111128			
5	1907102213042			
6	1907102223147			
7	1907102223155			
8	1907102223172			
9	1907102223210			
10	1907102223212			
11	1907102223216			
12	1907102223222			
13	1907102223233			
14	1907102223235			
15	1907102223250			
16	1907102223258			
17	1909102243498			
18	1909102243534			
1	1911102121166	27.12.2021	10.00 A.M	Board-II
2	1911102121171			
3	1911102121172			
4	1911102121186			
5	1911102121193			
6	1911102121200			
7	1911102121203			
8	1911102121220			
9	1911102121247			
10	1914102253590			
11	1914102253594			
12	1914102253595			
13	1914102253600			
14	1914102253602			
15	1914102253619			
16	1914102253621			
17	1919102131435			
18	1919102131461			



1	1919102141586	27.12.2021	10.00 A.M	Board-III
2	1919102141624			
3	1919102141648			
4	1919102141658			
5	1919102141659			
6	1919102151726			
7	1919102151732			
8	1919102151749			
9	1919102151767			
10	1919102151791			
11	1919102151802			
12	1919102151815			
13	1919102151852			
14	1919102151861			
15	1919102151866			
16	1919102151880			
17	1919102151908			
18	1919102151923			
1	1919102151924	27.12.2021	02.00 P.M	Board-I
2	1919102151946			
3	1919102151951			
4	1919102151966			
5	1919102151977			
6	1919102152012			
7	1919102152020			
8	1919102152031			
9	1919102152040			
10	1919102152047			
11	1919102152084			
12	1919102152091			
13	1919102152112			
14	1919102152166			



1	1919102152181	27.12.2021	02.00 P.M	Board-II
2	1919102152202			
3	1919102162229			
4	1919102162233			
5	1919102162266			
6	1919102162267			
7	1919102182542			
8	1919102182571			
9	1919102182579			
10	1919102182587			
11	1919102182599			
12	1919102182602			
13	1919102182603			
14	1919102202895			
1	1919102202914	27.12.2021	02.00 P.M	Board-III
2	1928102283798			
3	1928102283808			
4	1928102283810			
5	1928102283813			
6	1928102283839			
7	1928102283846			
8	1928102283874			
9	1928102283893			
10	1930102263664			
11	1930102273698			
12	1930102273709			
13	1930102273716			
14	1930102273730			



Schedule for Document Verification of Pharmacist

Sl. No.	Roll No.	Date	Time	Verification Board
1	1905103111129	28.12.2021	10.00 A.M	Board-I
2	1905103111133			
3	1905103111135			
4	1905103111137			
5	1907103223289			
6	1907103223305			
7	1907103223313			
8	1907103233413			
9	1907103233425			
10	1911103121252			
11	1911103121253			
12	1911103121266			
13	1911103121271			
14	1911103121274			
15	1911103121276			
16	1911103121282			
1	1911103121293	28.12.2021	10.00 A.M	Board-II
2	1911103121295			
3	1914103253634			
4	1914103253635			
5	1914103253636			
6	1919103141669			
7	1919103141671			
8	1919103141685			
9	1919103141694			
10	1919103162290			
11	1919103162297			
12	1919103172393			
13	1919103182636			
14	1919103182656			
15	1919103182671			
16	1919103192729			

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1	1919103192736	28.12.2021	02.00 P.M	Board-I
2	1919103192740			
3	1919103192754			
4	1919103192767			
5	1919103192769			
6	1919103202967			
7	1919103202972			
8	1919103202975			
9	1928103283908			
10	1928103283912			
11	1928103283917			
12	1928103283919			
1	1928103283925	28.12.2021	02.00 P.M	Board-II
2	1928103283929			
3	1928103283934			
4	1928103283942			
5	1929103294003			
6	1929103294004			
7	1929103294008			
8	1930103273737			
9	1930103273741			
10	1930103273747			
11	1930103273753			

Schedule for Document Verification of ANM

Sl. No.	Roll No.	Date	Time	Verification Board
1	1907105223379	28.12.2021	10.00 A.M	Board-III
2	1907105233446			
3	1907105233470			
4	1909105243560			
5	1911105121310			
6	1919105172418			
7	1919105172423			
8	1919105172434			
9	1919105172483			
10	1919105192803			
11	1919105192846			
12	1928105283981			
13	1929105294022			
14	1930105273759			
15	1930105273767			



Schedule for Document Verification of X-Ray Technician

Sl. No.	Roll No.	Date	Time	Verification Board
1	1919104162306	28.12.2021	02.00 P.M	Board-III
2	1928104283947			
3	1928104283949			

Schedule for Document Verification of ECG Technician

Sl. No.	Roll No.	Date	Time	Verification Board
1	1905138111154	28.12.2021	02.00 P.M	Board-III
2	1907138223383			
3	1919138192863			

BIO-DATA-CUM-ATTESTATION FORM

Certificate for the post of Staff Nurse, ANM, Pharmacist, X-Ray Technician & ECG Technician-2019
(Advertisement No. 4748/OSSC dated 31.12.2019)

Board- No-

1. Post applied for:-

2. Date of Certificate Verification : _____

3. Roll Number: _____

4. Name : _____

5. Sex : Male / Female

6. Date of Birth _____ (dd/mm/yyyy) Age as on 01.01.2019 : _____ yrs _____ mths

7. Address

Permanent	Present

8. Mobile Number _____ Alternative Mobile No. if any _____

9. E-mail Address : _____, Marital Status _____

10. Category : _____ (SC/ ST/ SEBC/ UR)

11. Sub-caste:- _____ (for SC/ST/SEBC candidates)

12. Issuing Authority _____, Case No. _____, Date. _____

13. Special Category: (PwD/Ex-Serviceman/Sportsperson)-

14. If PwD, mention sub category:-

Nature of disability _____, percentage of disability _____

15. If Ex-serviceman, mention (i) Date of Joining _____ (ii) Date of Discharge :- _____

(iii) Period of service rendered in Armed Forces _____.

16. Father's Name & Occupation _____

17. Husband's Name & occupation (for married women candidate) _____

18. Place of Domicile (Native) : Vill./Town _____, P.S. _____ District _____ State _____

Signature of the Candidate

Date:

19. Educational Qualifications – From 10th Standard onwards

Qualification	Name of the Board / University	Month & year of Passing	Mark Secured (Without extra optional)	Total Marks (Without extra optional)	% of Marks	Division	Remarks (For use of OSSC)
10 th / Matriculation							
+2 or equivalent							
GNM/Bsc. Nurshing/ANM/ D.Pharma/ B. Pharma/ Diploma in Medical Radiation Technology							

20. Working experience in the field of ECG from any Govt., / Recognised Govt. Hospital (to be filled by ECG candidates only)

Name of the Employer Name of the Hospital	Duration of experience		Remark
	From	To	

21. Additional Information regarding experience from past service if any :-

Sl. No.	Name of the Employer Office/Organisation etc.	Designation /Post held	Period of Service		Nature of Duties Performed
			From	To	

22. The detail of self attested certificate/documents submitted by me at the time of certificate verification is as follows.

- (i) Admission letter issued for Viva Voce Test.
- (ii) OSSC Copy of the Application Form
- (iii) H.S.C. or equivalent Examination Pass Certificate & marksheet
- (iv) +2 or equivalent Certificate & marksheet
- (v) Certificate & marksheet of GNM/ B.Sc Nurshing/ ANM/ D.Pharma/B.Pharma/Diploma in Medical Radiation Technology
- (vi) Registration certificate from Nurshing Board/ Pharmacist Council/State Board of MLT & MRT
- (vii) Two years working experience in the field of ECG
- (viii) Odia pass certificate if not odia in HSC level
- (ix) Caste certificate
- (x) Special category certificate(PWD/Ex-serviceman)-
- (xiii) In service appointment order and other relevant documents
- (xi) Any I.D. Proof issued by Govt. Authority with No-

I _____ son/daughter of _____
Age _____ (on the date of Certificate Verification) as per address above, do hereby declare that the information given above and in the enclosed documents is true to the best of my knowledge and belief and nothing has been concealed there in. If the information furnished by me is proved false/ not true, I will have to face the punishment as per law and my candidature for the post will be cancelled.

Signature of the Candidate

Roll No-

Date:

