



DIRECTORATE OF STATE INSTITUTE OF HEALTH & FAMILY WELFARE, ODISHA

Nayapalli, Bhubaneswar – 751 012

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Letter No. 157 SIH&FW- Trg.-12/18

/Bhubaneswar //

Date 8/01 2019

To

**The All the Chief District Medical & Public Health Officers (30),
Odisha.**

Sub: **Nomination of Candidates for Certificate Course in Evidence Based Diabetes Management & Hypertension Management (CCEBDM & CCMH).**

Ref:- Letter No. 20598 dated 24.11.18 of DHS(O).

Madam/Sir,

With reference to the subject cited above & letter under reference, a certificate course on Evidence Based Diabetes Management & Hypertension Management (CCEBDM & CCMH) is going to be conducted at 10 regional venues of the state as per the decision of the H&FW, Deptt. GoO. This course is only to address the non communicable diseases like diabetes and hypertension as there is urgent need of skilled task force of general physicians who are first contact point serving in periphery and who need to be educated and well trained.

The training programme will be conducted by Indian Institute of Public Health (IIPH), Bhubaneswar in collaboration with State Institute of Health & Family Welfare (SIH&FW), Odisha at 10 regional venues viz. Angul, Bolangir, Kalahandi, Koraput, Rourkela (Sundergarh), Sambalpur, Cuttack, Mayurbhanj, Berhampur (Ganjam) & Bhubaneswar (Khurda). The duration of the training course is of 12 months & training will be conducted at these regional venues once in a month particularly in one Sunday. In each venue 20 nos. of regular Govt. Medical Officers (MBBS) will be trained.

Therefore, I would request you to nominate minimum 10 nos. of regular interested MBBS doctors (except Boudh, Sonepur & Deogarh to nominate 5 nos.) for the said course having the following criteria.

- Minimum Five years remaining for retirement by 21st Jan 2019.
- Willing to render services after completion of the course.

The applications should be **duly forwarded by the CDM&PHO** of the district and must reach Director, SIHFW, Odisha Nayapalli, Bhubaneswar – 751 012 **on or before 21st Jan 2019 during the office hours.** Any application reaching beyond the scheduled date & time will be rejected. Further, you are also requested to circulate the same widely to all the blocks of your district. A copy of the application format may be displayed in the notice board of the district and block headquarters.

This may be treated as most urgent.

Enclosure : Annexure-I

Yours faithfully,


Director

State Institute of Health & Family Welfare, Odisha

Date 8/01 2019

Memo No- 158

Copy submitted to PS to the Commissioner cum Secretary, Govt. of Odisha, Health & Family Welfare Department, Bhubaneswar for kind information to the Commissioner cum Secretary.


Director

State Institute of Health & Family Welfare, Odisha

Memo No- 159 Date 8/01/2019
Copy forwarded to the Mission Director, NHM, Odisha / DHS, Odisha / DFW, Odisha / DPH, Odisha/
Director, Nursing, Odisha / PD OSACS, Odisha for information and necessary action.

[Signature]
8-1-19
Director

State Institute of Health & Family Welfare, Odisha
Date 8/01/2019

Memo No- 160
Copy to the ADM&PHO (Med) / DPM / DMRCH for information and necessary action.

[Signature]
8-1-19
Director

State Institute of Health & Family Welfare, Odisha

Memo No- 161 Date 8/01/2019
Copy forwarded to the Director, Indian Institute of Public Health, Bhubaneswar for information and
necessary action.

[Signature]
8-1-19
Director

State Institute of Health & Family Welfare, Odisha

Memo No- 162 Date 8/01/2019
Copy forwarded to the JD HP/BCC cum DDO, SIHFW, Odisha for information and necessary action.

[Signature]
8-1-19
Director

State Institute of Health & Family Welfare, Odisha

Memo No- 163 Date 8/01/2019
Copy to Addl. Director, HRH, DHS(O) Bhubaneswar for information & needful action.

[Signature]
8-1-19
Director

State Institute of Health & Family Welfare, Odisha

Memo No- 164 Date 8/01/2019
Copy forwarded to the Technical Officer, SIHFW(O), BBSR to upload the letter & application
form in the website : www.sihfwodisha.nic.in and www.odisha.gov.in.

[Signature]
8-1-19
Director

State Institute of Health & Family Welfare, Odisha

**APPLICATION FORM
FOR
CERTIFICATE COURSE IN EVIDENCE BASED DIABETES MANAGEMENT &
HYPERTENSION MANAGEMENT (CCEBDM & CCMH)**

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

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

Name of the Degree	Institute / Board & Education	Year of Passing
Final MBBS (only)		
Class – X / HSC		

5. Date of Joining :
6. Total period of service already completed in Government.
7. Date of Retirement & remaining years of service left as per the service book as on 21st Jan 2019.
8. Self attested photo copies of the following documents to be submitted along with application form.
 - Photocopy of Class – X / HSC & final MBBS pass certificate
 - Photocopy of First page of service book
9. Present address for communication.

Mobile No.

Land phone No.

Email I.D

10. Permanent Address

Declaration: I am willing to take up the course on **Certificate Course in Evidence Based Diabetes Management & Hypertension Management (CCEBDM & CCMH)** 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.

Date:

Signature of the Applicant.