

# ODISHA MEDICAL SERVICES ASSOCIATION (OMSA)

GOVERNMENT OF ODISHA, RECOGNISATION NO. 5309/POLL, 29<sup>TH</sup> JUNE 1946

WEBSITE:- www.omsa.in

## CENTRAL ELECTION COMMITTEE

### CONVENOR CEC

Dr. Bikash Patnaik,  
Jt. Director of Public Health, Odisha

### MEMBER CEC

1. Dr. Bijay Kumar Swain,  
Jt. DHS (Leprosy)
2. Dr. Bijay Kumar Mohapatra,  
Jt. DHS (OSMCL)

To

All the Chief District Medical Officers / Superintendent Capital Hospital, Bhubaneswar / CMO, RGH Rourkela / All the Sub Divisional Medical Officers / Representatives of CDMO, Cuttack / Ganjam & Sambalpur for 3 Govt. Medical College & Hospitals

Sub:- Membership list of your Branch

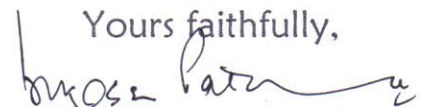
Sir / Madam,

As per resolution of Central Election Committee Meeting held on 3<sup>rd</sup> March 2017 at office of DHS, Odisha, we the members of the Election Committee requested to you to send the Membership list of OMSA of your branch (both Life Members & Annual Members). You can collect Rs. 100/- from those members who are not life members of OMSA to make them annual members so that they can participate in the election of State Executive OMSA for the year 2017 – 2019. It is sincerely expected to enroll all the eligible doctors working under your administrative control to become Life or Annual members to participate in the election process.

We request you to please send the list to the Election Committee within one week so that necessary arrangement can be made for participation of members in the election in large numbers.

Thanking you,

Yours faithfully,



Dr. Bikash Patnaik  
Jt. DHS (Public Health)

# NOTIFICATION

By virtue of the power conferred upon us by the General Body Meeting of OMSA held on 03-03-17, the election of Office Bearer for the post of Central Working Committee members of OMSA will be held as per the guidelines as follows:-

Post for which election will be held

STATE PRESIDENT	:	One Post
ZONAL VICE PRESIDENT	:	Three Post (One post from each zone) <u>CENTRAL ZONE</u> Cuttack, Kendrapara, Jagatsinghpur, Jajpur, Puri, Khurda, Nayagarh, Balasore, Bhadrak, Dhenkanal, Angul, Keonjhar & Mayurbhanj <u>WEST ZONE</u> Sambalpur, Jharsuguda, Sundergarh, Baragarh, Deogarh, Bolangir & Sonepur <u>SOUTH ZONE</u> Ganjam, Gajapati, Koraput, Rayagada, Nabarangapur, Malkanagiri, Kandhamal, Boudh, Kalahandi & Nuapada
STATE GENERAL SECRETARY	:	One Post
ZONAL JOINT SECRETARY	:	Three posts (one post from each zone) as mentioned above
STATE TREASURER	:	One Post
MANAGING EDITOR, OMSA VOICE	:	One Post
MEMBER TO CENTRAL WORKING COMMITTEE	:	Three posts
Date of filling Nominations	:	On or before 20-05-17
Place & time of filling nominations	:	In all office hours
Mode of submission of Nominations	:	By Person / Speed Post / Regd. Post / Courier to the Convener, Dr. Bikash Patnaik, Jt. Director of Public Health, Odisha, Directorate of Public Health, Odisha, 2 <sup>nd</sup> Floor, HOD Building, Bhubaneswar, Odisha - 751001
Scrutiny of Nomination	:	By 27-05-17
Declaration of list of candidates	:	By 31-05-17
Date of withdrawal of nomination	:	By 16-06-17
Date of Publication of final list of candidates	:	By 20-06-17
Date & time of Election	:	On 19-08-17 between 10 A.M to 4 P.M
Date of counting of votes	:	On 19-08-17 at 4.30 P.M onwards
Date of publication of final results	:	On 30-08-17

All papers relating to nominations & withdrawal should reach the Central Election Committee in scheduled date & time. The Election Committee will not be held responsible for delay in postal & courier services.

The CDMOs of all the districts, Superintendent of Capital Hospital, Bhubaneswar, CMO, RGH, Rourkela, Sub Divisional Medical Officers of all branches of the State are declared as Returning Officer of their respective branches and name of the Returning Officer for 3 Govt. Medical Colleges & Hospitals will be intimated later after receiving the names from the concerned CDMOs.

All Valid Member who has paid his/her annual subscriptions or life membership shall be eligible to cast his/her vote.

All publications relating to notification, Nomination, Scrutiny, Withdrawal and Counting of Results will be available in the office of the Election Committee i.e., OMSA, office of DHS, Odisha upto 30-08-17. Thereafter all the documents will be handed over to the newly formed OMSA State Executive.

Enclosures:-

- Nomination Form for the Election of Central Election Committee Members for the Session 2017 – 2019
- Eligibility of filling nominations & documents to be produced.

**NOMINATION FORM FOR THE ELECTION OF CENTRAL WORKING  
COMMITTEE MEMBERS FOR THE SESSION 2017 – 2019**

**ODISHA MEDICAL SERVICE ASSOCIATION**

**NAME OF THE POST APPLIED FOR**

1.	Name of the Candidate (Block Capital Letter)	:
2.	Present Place of Posting with designation (in details)	:
3.	Name of the Branch (Proof to be attached)	:
4.	Address of communication (with PIN code & Contact No)	:
5.	Date of Birth (Proof to be attached with signature of the candidate)	:
6.	Date of Joining in Service in Health & F.W Deptt., Govt. of Odisha (1 <sup>st</sup> page of Service Book with Signature of the candidate)	:
7.	Name of the Proposer with Designation & Address (In Block Capital Letter)	:
8.	Name of the branch Life Membership No Annual Membership fee receipt if not life member	:
9.	Full Signature of the Proposer with date	:
10.	Name of the Secunder with Designation & Address (In Block Capital Letter)	:
11.	Name of the branch Life Membership No Annual Membership fee receipt if not life member	:
12.	Full Signature of the Secunder with date	:
13.	Period of Branch Secretary From..... To..... (Name of the Branch) (In Capital Letters)	:
14.	Duly certified by President / Branch Secretary of concerned Branch (Proof from concerned Branch)	:

**DECLARATION**

I, .....  
do hereby assure on my honor to work for the association and devote sufficient time for the benefit & dignity of the Association.

Date:

Full Signature of the Candidate with date

Place:

## ELIGIBILITY FOR FILLING NOMINATION & DOCUMENTS TO BE PRODUCED

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- Members who have paid their :
1. annual / life members subscriptions
- 
- Members shall have more than 2 :
2. (two) years to retirement from Govt. Services
- 
- Truly attested copy of Life :
3. Membership Card or Life Membership Receipt
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- Proof of date of joining in Govt. :  
of Odisha, Health & F.W Deptt.  
(Xerox copy truly attested by  
CMO/CDMO/SDMO/M.O I/C of  
his/her 1<sup>st</sup> & 3<sup>rd</sup> page of Service  
4. Book. The candidates had  
completed 10 years of Govt.  
Service in Health & F.W Deptt. to  
undertaking to this  
effect.....
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- Valid proof of Membership / :  
Branch Secretary of Executive if  
any branch of OMSA for  
5. minimum one term duly certified  
by the President / Branch  
Secretary of the branch or SGS  
after verification of records.
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- Original Account Payee Bank : Draft No.  
Draft of Rs. 1,000/- (Rupees one      Date.....  
6. thousand) only in favour of State      Name of Issuing Bank & Branch  
Treasurer , OMSA payable at SBI,  
OUAT Branch, Bhubaneswar
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The Nomination Form should be sent in Person / through Regd. Post / Speed Post / Courier to be produced on or before 20-05-17 to the Convener, Central Election Committee in the address given below.

### Address for Communication

Dr. Bikash Patnaik, Jt. Director of Public Health, Odisha  
Directorate of Public Health, Odisha  
2<sup>nd</sup> Floor, HOD Building, Bhubaneswar,  
Odisha - 751001