GOVERNMENT OF WEST BENGAL
Office of the Chief Medical Officer of Health
District Health &Family Welfare Samiti, Jalpaiguri
(District Health Administrative Building, 1st Floor, Hospital Road, Jalpaiguri)
Telephone No: 03561-225380

Memo No. CMOH_JAL/WLK/DHFWS/ 379 /2019 **Dated, Jalpaiguri 09.07.2019**

Recruitment notice on contractual basis

Walk in interview

District Health & Family Welfare Samiti, Jalpaiguri is going to organize a Walk-In-Interview on 16th July 2019 at 11:00 am in the office the CMOH & Secretary, DH&FW Samiti, Jalpaiguri. CMOH Office, 1st floor District Health & Administrative building, Hospital Para, Jalpaiguri-735101 for the following vacant post:

Sl. No.	Name of the Post	No. of Post Category wise	Qualification	Experience (Desirable)	Age as on 01-01-19	Remuneration (Per Month)
4.	GDMO (NHM)	UR-3	• MBBS from a MCI recognised institute with 1 year compulsory internship. Must be registered under West Bengal Medical Council. • Weightage will be given for higher Qualification	-	Max. 63 Yrs.	40,000/-

Venue of Interview: office the CMOH & Secretary, DH&FW Samiti, Jalpaiguri. CMOH Office, 1st floor District Health & Administrative building, Hospital Para, Jalpaiguri-735101,Jalpaiguri-735101.

Date of interview : 16.07.2019
Reporting Time : 10:00 am to 11:00 am.

Selection Procedure:

Sl. No.	Name of the posts	Process
5.	GDMO (NHM)	Screening & Scoring on Qualification and experience Interview

N.B: Vacancy may likely to be changed or increased on the date of advertisement.
**** Documents Required:**

- An application fee (non refundable) of Demand Draft in favour of "**CMOH & Secretary DH&FW Samiti, Jalpaiguri**" payable at **Jalpaiguri** (Rs. 100/- for General & Rs. 50/- for reserved categories) for submission before the selection committee on the date of walk in-interview.
- Admit Card MP
- Mark Sheet MP or equivalent
- Mark Sheet HS or equivalent
- All Mark Sheets (Semester/Year wise) Bachelor Degree and Master Degree (as per post criteria)
- Registration Certificate for MBBS/GNM
- Caste certificate (as applicable).
- Experience Certificate (Experience certificates must consist of Name of the post, Employee's Name, Date of Joining (DOJ) and Date of Leaving (DOL) otherwise experience certificates will be treated as invalid).

9/7/19

- Age relaxation for *SC/ST/OBC-(A&B)* candidates as per Govt. norms.
- Photo copy of Voter card /Aadhaar card / other address proof.
- No TA/DA will be paid to the candidates for the selection test / interview.
- Self attested recent 2 copies passport size photo to be pasted one in application form another copy of passport size photograph at the time of interview
- Self attested photocopy of all required documents as per post criteria.
- **Registration time 10:00 am to 11:00 am. The candidates who will appear after 11:00 am, should not be eligible for registration.**
- **Demand draft as stated in the advertisement should be submitted with application format at the time of registration.**
- **Any omission/suppression of information shall lead to rejection of application or candidature at any stage of the process without further intimation. The conditions so prescribed shall not be relaxed.**

Chief Medical Officer of Health
Jalpaiguri

Application format for the post of _____

To,
The CMOH & Secretary,
DH&FW Samiti, Jalpaiguri.
CMOH Office, 1st floor District Health & Administrative building,
Hospital Para, Jalpaiguri-735101

Paste a recent Passport size Photo

1. Name of the Applicant (In Block Letters) :

2. Father's/Husband Name (In Block Letters) :

3. Residential Address (In Block Letters) :

4. Sex : 5. Date of Birth : 6. Age as on 01.01.2019 :

7. Caste (General/SC/ST/OBC) : 8. Mobile No. :

9. Registration No. (MBBS/GNM) :

10. DD No. 11. Date of issue: 12. Amount:

13. Essential Qualification & Other (**Attested/ Self Attested copy must be submitted with the Application**):

Examination	Year of Passing	**Board/University**	Total Marks (Excluding Optional)	Marks Obtained (Excluding Optional)	% of Marks
Madhyamik (10th)					
HS (10+2)					
MBBS Degree recognised by WBMC/MCI					

14. Experience (**Attested/ Self Attested copy must be submitted with the Application**):

Name of the organization/Institute	**Govt/Pvt.**	**Part time/ Contractual/ Permanent**	**Date of Joining**	**Date of leaving**	**Total Experience**
					.....years.....Months.....Days
					.....years.....Months.....Days

Declaration

I hereby solemnly declare that the information furnished above are based on material records and are true to the best of my knowledge and belief. If any information furnished or any part of it is found to be incorrect my candidature is liable to be cancelled.

Place:

Date:

_____

Signature of the Applicant