



GOVERNMENT OF WEST BENGAL  
Office of the Chief Medical Officer of Health

District Health & Family Welfare Samiti, Jalpaiguri  
(District Health Administrative Building, 1<sup>st</sup> Floor, Hospital Road, Jalpaiguri)

Memo No DHFWS/1388/2017

Dated, Jalpaiguri 21/02/2017.

District Health & Family Welfare Samiti, Jalpaiguri will engage Nutritionist for Shaptibari NRC, Jalpaiguri under NHM, Government of West Bengal on purely contractual basis.

Applications are invited from the eligible candidates for engagement of Nutritionist for Jalpaiguri District, by registered / speed post to the **CMOH & Secretary, DH&FW Samiti, Jalpaiguri, CMOH Office, 1<sup>st</sup> Floor District Health & Administrative building, Hospital Para, Jalpaiguri-735101.**

**Application Date:** 22<sup>nd</sup>-February-2017 to 8<sup>th</sup>-March-2017 by 4.00pm. Registered/speed post. Candidates are instructed to mention 'Application for the post of Nutritionist' at the top of the envelope.

**Term and Conditions for the post:**

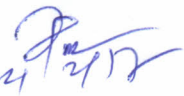
1. **Name of the Post:** NUTRITIONIST (Only for Female Candidates).
2. **Consolidated Remuneration:** Rs. 20,000/- (Rupees Twenty Thousand Only) per month.
3. **Age limit (as on 1.6.2015):** Not exceeding 40 years, and not less than 21 years (relaxation in age will be given 5 years for SC/ST and 3 years for OBC candidates)
4. **Essential Qualification:** B.Sc or M.Sc in Foods and Nutrition or Equivalent course with computer knowledge. The candidate should be able to read, write and speak in Bengali.

**The following points should be referred:**

1. Candidates have to submit dully filled up application format along with attested/ self attested photocopy of all supportive documents in support of their candidature.
2. Only shortlisted candidates from District level will be called for testimonial verification before written examination. Written examination and verification will be done by State.
3. Candidates have to follow [www.jalpaigurihealth.com](http://www.jalpaigurihealth.com), [www.wbhealth.gov.in](http://www.wbhealth.gov.in), for any further information related to respective recruitment.

**Document to be Submitted / Shown mandatorily by the applicant:**

1. Attested/ Self attested photocopy of the proof of residence (EPIC/AADHAR/Ration Card).
2. Attested/Self attested photocopies of mark sheets of Class 10<sup>th</sup>, Higher Secondary or Equivalent, Graduation and Master's degree, as applicable.
3. Attested/ Self attested photocopy of age proof of the Candidate.
4. Attested/ Self attested photocopy of Caste Certificate.
5. Attested/ Self attested photocopy of Computer Certificate.
6. Attested/ Self attested photocopy of Experience Certificate.

  
CMOH & Secretary  
DH&FW Samiti, Jalpaiguri

  
21.02.17

**APPLICATION FORMAT**  
**Application for the Post of Nutritionist**

Name (In Capital):

Father's / Husband's Name:

Permanent Address:

E-mail address:

Recent passport  
size Self  
attested photo  
attach hear

Sub Division:

Date of Birth (dd/mm/yyyy):

Sex:

Caste status:

Mobile No. :

| Educational Qualification          | Subject | Year of Passing | Total Examination Marks (excluding Optional) | Marks Obtained (excluding Optional) | Percentage of Marks (%) |
|------------------------------------|---------|-----------------|--|-------------------------------------|-------------------------|
| Madhyamik / Class 10 <sup>th</sup> |         |                 |  |                                     |                         |
| Higher Secondary                   |         |                 |  |                                     |                         |
| Graduation                         |         |                 |  |                                     |                         |
| Post Graduation                    |         |                 |  |                                     |                         |
| Any Other                          |         |                 |  |                                     |                         |

Computer Qualification:

| Name of the Institute: | Course : | Duration of Course | Year of Passing: |
|------------------------|----------|--------------------|------------------|
|                        |          |                    |                  |

Working Experience :

| Name of Institution / Organisation | Designation | From | To | Duration |
|------------------------------------|-------------|------|----|----------|
|                                    |             |      |    |          |
|                                    |             |      |    |          |

\*\*\*Attested / Self Attested photo copy of all testimonials and certificates to be attached with the application.

I do hereby declare that Particulars furnished above is correct.

Place :

Date :

\_\_\_\_\_  
Signature of applicant