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) e-mail: <u>dycmoh2@wbhealth.gov.in</u> / <u>idsp.jalpaiguri.wb@gmail.com</u> :: Tele Fax No: 03561-222458

Memo No. CMOH_JAL/WLK/2017/ 3088

Dated, Jalpaiguri 13-09-2017

Recruitment notice on contractual basis

District Health & Family Welfare Samiti, Jalpaiguri is going to organize a Walk-In-Interview on 21st September, 2017 at 10:00 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 posts:

| SI. No. | Name of the Post | No. of Post Category wise | Qualification | Experience (Desirable) | Age as on 01- 01-17 | Remuneration (Per Month) |
|------------|--|---------------------------------|---|--|------------------------|-----------------------------|
| 1 | Laboratory Technician (Thalassaemia Unit) | UR-1 | HS or equivalent with Physics, Chemistry & Biology Two Years Diploma in Medical Laboratory Technology (DMLT) from any institute recognised by W.B. Govt. | Experience in handling cell counter and HPLC Machines | Max. 40 Yrs. | 16,860/- |
| 2 | GNM (Thalassaemia Unit) | SC-1 | Completed GNM Course recognised by Indian Nursing Council (INC). | Experience in working with Thalassaemia patients and their families. | Max. 40 Yrs. | 16,860/- |
| 3 | MO Full Time (NUHM) | UR-1 | 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. 66 Yrs. | 40,000/- |
| 4 | MO Part Time (NUHM) | UR-1 | 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. 66 Yrs. | 24000/- |
| 5 | GDMO (NHM) | UR-5 | 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. | 42,000/- |

Venue of Interview: Thalassemia Control Unit, Hospital Para, (Near District Hospital Campus),

Jalpaiguri-735101.

Date of interview : 21-09-2017 Reporting Time : 10:00 am to 11:00 am.

Selection Procedure

| SI. No. | Name of the posts | Process | |
|------------|--|--|--|
| 1. | Laboratory Technician (Thalassaemia Unit) | Screening & scoring on Qualification and experience, Interview | |
| 2. | GNM (Thalassaemia Unit) | Screening & Scoring on Qualification and Interview | |
| 3. | MO Full Time (NUHM) | Screening & Scoring on Qualification and experience Interview | |
| 4. | MO Part Time (NUHM) | Screening & Scoring on Qualification and experience Interview | |
| 5. | GDMO (NHM) | Screening & Scoring on Qualification and experience Interview | |

** 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)
- All Mark Sheets (Semester/Year wise) and Certificate of DMLT/DLT (as per post criteria).
- Caste certificate (as applicable).
- Computer Certificate as per post criteria
- 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).
- 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.
- The application format attached with this advertisement (Memo no : CMOH_JAL/ KULK/ 3088) should be downloaded and filled in by the candidates and should be submitted at the time of 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, 1 st floor District Health & Administrative building, Hospital Para, Jalpaiguri-735101 | Paste a recent Passport size Photo | |
|--|---|---|
| Name of the Applicant (In Block Letters) : Father's/Husband Name (In Block Letters) : Residential Address (In Block Letters) : Sex : 5. Date of Birth : | 6. Age as on 01.01.2017 : | |
| 7. Caste (General/SC/ST/OBC) : | 8. Mobile No. : | |
| 9. Registration No. (MBBS/GNM) : | | 2 |
| 10. DD No. 11. Date of issue: | 12. Amount: | |

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

| Year of Passing | Board/University | Total Marks (Excluding Optional) | Marks Obtained (Excluding Optional) | % of Marks |
|--------------------|------------------|-------------------------------------|---|---|
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| | Passing | Passing Board/University | Passing Board/University (Excluding Optional) | Passing Board/University (Excluding Optional) (Excluding Optional) Image: Stress of the |

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

| Government | Private | | |
|------------|------------|--|--|
| Year Month | Year Month | | |

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