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)

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Memo No. CMOH_JAL/WLK/2017/ 3916

Dated, Jalpaiguri 06-12-2017

Recruitment notice on contractual basis

District Health & Family Welfare Samiti, Jalpaiguri is going to organize a Walk-In-Interview on **11th December**, **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	Staff Nurse (NUHM)			-	Max. 64 Yrs.	17,220/-
2	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/-
3	GDMO (NHM) UR-5 under Counce • Weigh		 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 	ute with 1 year compulsory nship. Must be registered r West Bengal Medical ncil. htage will be given for		42,000/-

Venue of Interview: CMOH Office, Administrative building 1st Floor, Hospital Road Jalpaiguri -735101. Date of interview : 11-12-2017 Reporting Time : 10:00 am to 11:00 am.

Selection Procedure

SI. No.	Name of the posts	Process		
1 Staff Nurse (NUHM)		Screening & Scoring on Qualification.		
2	MO Part Time (NUHM)	Screening & Scoring on Qualification and experience Interview		
3	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 MBBS/GNM (as per post criteria).
- Registration Certificate 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).
- 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 (with original for spot verification).
- 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 :) 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 _____

SFW	DH & Secretary, Samiti, Jalpaiguri.)ffice, 1st floor District Health & Administrative building, 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 01.01.2017 :	
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)					
Graduate (from any University/Institution recognized by the Central or State Govt.)					
Post Graduate Degree (from any University/ Institution recognized by the Central or State Govt.)					
MBBS Degree recognised by WBMC/MCI					
GNM course recognised by Indian Nursing Council (INC)					

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: