

**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)  
e-mail: dpmujpg@gmail.com :: Tele No: 03561-225380

Memo No. CMOH\_JAL/WLK/2018/ DHFWS/271

Dated, Jalpaiguri 29-03-2018

**Corrigendum**

**Recruitment notice on contractual basis**

District Health & Family Welfare Samiti, Jalpaiguri is going to organize a Walk-In-Interview on 6<sup>th</sup> April, 2018 at 10:00 am in the office the CMOH & Secretary, DH&FW Samiti, Jalpaiguri. CMOH Office, 1<sup>st</sup> floor District Health & Administrative building, Hospital Para, Jalpaiguri-735101 for the following vacant posts:

Sl. No.	Name of the Post	No. of Post Category wise	Qualification	Experience (Desirable)	Age as on 01-01-17	Remuneration (Per Month)
1.	GNM (Thalassaemia Unit)	UR-1	Completed GNM Course recognised by Indian Nursing Council (INC).	Experience in working with Thalassaemia patients and their families.	Max. 40 Yrs.	16,860/-
2.	MO Full Time (NUHM)	UR-1	<ul style="list-style-type: none"> <li>MBBS from a MCI recognised institute with 1 year compulsory internship. Must be registered under West Bengal Medical Council.</li> <li>Weightage will be given for higher Qualification</li> </ul>	-	Max. 66 Yrs.	40,000/-
3.	MO Part Time (NUHM)	UR-1	<ul style="list-style-type: none"> <li>MBBS from a MCI recognised institute with 1 year compulsory internship. Must be registered under West Bengal Medical Council.</li> <li>Weightage will be given for higher Qualification</li> </ul>	-	Max. 66 Yrs.	24000/-
4.	GDMO (NHM)	UR-4	<ul style="list-style-type: none"> <li>MBBS from a MCI recognised institute with 1 year compulsory internship. Must be registered under West Bengal Medical Council.</li> <li>Weightage will be given for higher Qualification</li> </ul>	-	Max. 63 Yrs.	40,000/-
5.	Staff Nurse	UR-2 SC-1 ST-1	Completed GNM Course recognised by Indian Nursing Council (INC). Candidate should have proficiency in local language.	-	Max. 64 Yrs.	17,220/-

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

**Date of interview** : 06-04-2018

**Reporting Time** : 11:00 am to 12:00 Noon.



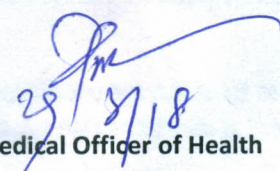
## Selection Procedure

Sl. No.	Name of the posts	Process
1.	Staff Nurse (NUHM)	Screening & scoring on Basic Qualification
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

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).
- 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 11:00 am. to 12:00 Noon. The candidates who will appear after 12:00 Noon 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, 1<sup>st</sup> 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 01.01.2017 : |
| 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 (10 <sup>th</sup> )					
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)					
Computer Course					

**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**