

Government of West Bengal District Health & Family Welfare Samiti Office of the Chief Medical Officer of Health <u>North 24 Parganas, Barasat</u>



Memo. No.DH&FWS/NHM/2016/1030

Date: 11/08/16

Sub: Recruitment notification for selection of Medical Officer (Full Time) purely contractual post under NUHM, North 24 Parganas

In continuation of the recruitment notification vide memo no. DH&FWS/NHM/2016/1436 dated 24/11/15, a **"Walk-in Interview"** is scheduled to be held on **17.08.16**, **11:00** A.M. onwards at **"Office of the Chief Medical Officer of Health, North 24 Parganas", Banamalipore, Barasat, Barasat District Hospital Campus, North 24 Parganas, PIN – 700124**, for selection of Medical Officer (Full Time) under National Urban Health Mission.

Henceforth, all the eligible and interested candidates are being requested to appear before the "Interview Board" along-with "filled prescribed format (ANNEXURE-I), original and photo copies of the testimonials" related to the post applied for in accordance with the eligibility criteria noted below:

| Name of the post | Programme | Vacancy | Place of Posting | Monthly consolidated remuneration | |
|--------------------------------|-----------|---------|--|-----------------------------------|--|
| Medical Officer (Full Time) | NUHM 56 | | UPHCs of Municipalities under North 24 Parganas | Rs. 40,000/- | |

Eligibility Criteria of Medical Officer (Full Time)

| а | Educational Qualification | MBBS from a MCI recognised institute with one year compulsory internship. Must be registered under West Bengal Medical Council. Weightage will be given for higher qualification | | | | | |
|---|------------------------------|--|--|--|--|--|--|
| b | Age | 63 years or less as on the 1st date of years of publication of the advertisement | | | | | |

NB:

i)

Candidate applying for the post should have the requisite qualification and experience as on last date of application.

1118/16

Secretary District Health & Family Welfare Samiti & Chief Medical Officer of Health North 24 Parganas

| Application ID | Distric | Government of West Bengal Annexure - I t Health & Family Welfare Samity ational Urban Health Mission North 24 Parganas | | | | | |
|--|----------------|--|--|--|--|--|--|
| (Space for office use) | APPLIC | ATION FORMAT for the post of Full Time MO | | | | | |
| To Chief Medical Offic Banamalipur, (Distr Barasat, North 24 Pa Kolkata - 700124 | ict Hospital C | Campus) Space for pasting recent colour passport size PHOTOGHRAPH of the candidate with his / her full signature thereon. | | | | | |
| 1. Application for the po | | : | | | | | |
| 2. Name in full (in BLOC | CK letter) | : | | | | | |
| 3. Sex (Put a tick) | | : Male Female | | | | | |
| 4. Father's Name | | | | | | | |
| 5. Date of Birth | | | | | | | |
| 6. Age (as on 20.11.15) | | | | | | | |
| 7. Nationality | | : | | | | | |
| 8. Address for Commun | ication | | | | | | |
| Village | / City | · | | | | | |
| Post Of | fice | · | | | | | |
| Police S | Station | <u>.</u> | | | | | |
| District | | · · · · · · · · · · · · · · · · · · · | | | | | |
| State | | PIN Code | | | | | |
| 9. Permanent Address | | : | | | | | |
| Village | / City | · | | | | | |
| Post Of | fice | · | | | | | |
| Police S | Station | <u>.</u> | | | | | |
| District | | · | | | | | |
| State | | :PIN Code | | | | | |
| | | | | | | | |
| 10. Contact No. (with ST | D Code): | Mobile | | | | | |
| 1 P a g e | | | | | | | |

ø

11. Essential Qualifications

| Course / Degree | Year of Passing | Name of the Board / Council | % of Marks | |
|--------------------------------|-----------------|--------------------------------|------------|--|
| MBBS from a MCI rcognised | | | | |
| institute with one year | . * | | | |
| compulsory internship. Must be | | | | |
| registered under West Bengal | | | | |
| Medical Council. | | - | | |
| Weightage will be given for | | | | |
| higher qualification | | | | |
| | | | | |

12. If employed previously or at present, the details thereof:

13. List of attested documents enclosed (No other document except mentioned below is required) [Put ' /' mark in box]:

| SI | Documents | Yes | No | SI | Documents | Yes | No |
|----|---|-----|----|----|--|-----|----|
| 1. | Photo proof identity card (Passport or Voter ID Card or Adhar Card or Pan Card) | | | 2. | Proof of address (Passport or Voter ID Card or Ration Card) | | |
| 3. | Age proof certificate (Birth Certificate or Admit card of Madhyamik or equivalent examination) | | | 4. | Marksheet and Certificates of Essential qualifications. | | |
| 5. | Experience certificates | | | | | | |

14. Declaration:

I solemnly declare that (a) all statements made in this application are true, complete and correct; (b) Original documents will be produced on demand; (c) I understand that the concerned authority reserve the right to reject my candidature upon short listing of the candidates based on qualifications and experiences and (d) I have submitted no other application for this examination.

| Place | ······ |
|-------|--------|
| Date | · |

Signature of the Candidate in full (not in capital letter)

2|Page