



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



Memo No.: RNTCP/2018/310

Dated: 27/06/2018

Recruitment Notification

Applicants are hereby sought from the eligible candidates for selection of the following category of purely contractual posts of RNTCP (Revised National Tuberculosis Control Programme) under Department of Health & Family Welfare, North 24 Parganas. All the eligible and interested candidates are being requested to submit their applications as per prescribed format (**Annexure-I**) given in postpage in accordance with the eligibility criteria noted below:-

Name of the Post	No. of Vacancies	Reservation Status	Monthly consolidated Remuneration
Lab Technician	2	UR-1,ST-1	Rs.17,220/-

Eligibility Criteria-

Age limit: 22 Years to 62 Years

Category/Job title	Essential Qualification/Requirements	Preferential Qualification
RNTCP Lab Technician/Sputum Microscopist	1. Intermediate (10+2) and Diploma or certified course in Medical Laboratory Technology or equivalent.	1 One year experience in RNTCP or Sputum Smear microscopy. 2. Candidates with Higher qualification (for Example Graduates) shall be preferred.

Handwritten Signature
Member Secretary
District Level Selection Committee, DH&FW, &
Chief Medical Officer of Health, North 24 Parganas
27/6/18

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General Instruction/s for the candidates

- Application should reach **Office of the Chief Medical Officer of Health, Banamalipore, Barasat, North 24 Parganas, Kolkata-700124** within **17th July, 2018** by 5:00 P.M. through registered post or speed post only and duly mentioned "post applied for" in front of the envelope. No application will be considered after stipulated date and time.
- Candidate must submit the **Application Fee of Rs.100/- (Rs.50/- in case of reserved category)** for the above mentioned posts, through cash deposit in any branch of Bank Of India in favour of "**District Health & Family Welfare Samiti**", A/c number-424210100036711, IFSC Code- BKID0004242, Barasat Branch.
- **Original Copy of Deposit or any other transaction slip of application fee must be attached along with the application.**
- The DH&FWS, North 24 Parganas will not be responsible for any postal delay.
- **Application must as per prescribed format (Annexure-I)**
- Age relaxation to be applied, for candidates under reserved categories as per Govt. norms.
- Candidates should be Computer literate.
- Incomplete application without supporting documents is liable to be rejected.
- District Level Selection Committee has right to cancel this recruitment notification in any stage of selection in such circumstances.

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27/6/18

Member Secretary,
District Level Selection Committee, DH&FW, &
Chief Medical Officer of Health, North 24 Parganas

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ANNEXURE-I
Application format for all posts

APPLICATION NO.
(For OFFICE USE ONLY)

To
The Chief Medical Officer of Health
Banamalipur, (District Hospital Campus)
Barasat, North 24 Parganas
Kolkata-700124

Space for pasting
recent colour passport
size PHOTOGRAPH of
the candidate with
his/her full signature
thereon.

Sub: Application for the post of.....

1. Name in full (in BLOCK LETTER):

2. Sex (Put a tick) : Male Female

3. Father's/ Husband's/Guardian's Name:

4. Caste (UR/SC/ST/OBC)

5. Date of Birth : DD MM YYYY

6. Age (as on Date of Advertisement).....

7. Nationality

8. Address
Permanent Address

Village/City/Town.....
Post Office.....
Police Station.....
District.....
State.....
Pin Code.....
Phone number.....
E mail ID.....

Handwritten signature
Chief Medical Officer of Health
North 24 Parganas

9. Essential Qualifications

Qualification	Year of Passing	University/Board/Institute	Total Marks	Marks Obtained	Percentage of Marks Obtained
Secondary					
Higher Secondary					
Graduation					
Post Graduation					
Degree/ Diploma/ Certificate course of Computer .					
Any other Qualification					

10. Details of Post Qualification experiences:

Organization	Govt./Private/NGOs	Period		Total Years
		From (date)	To (date)	

11. List of relevant Self attested Photocopies-documents enclosed (No other except mentioned below is required) [Put 'TICK' mark in the box]:


SL NO	Documents	Yes	No
1.	Diploma in Medical Laboratory Technology, if applicable, Course in Medical Laboratory Technology or equivalent, if applicable.		
2.	Age Proof certificate (Admit Card of Madhyamik or equivalent)		
3.	Voter ID Card/ Aadhar card as Identity Proof		
4.	Caste Certificate (For SC/ST/OBC only)		
5.	Mark sheets & Certificates of all educational qualifications and any technical qualifications, as per eligibility criteria (i.e. Madhyamik or equivalent/H.S. or Equivalent/Graduation/Post Graduation)		
6.	Certificates of Computer knowledge		
7.	Post Qualification Experience		

DECLARATION

I solemnly declare that (a) all statements made in this application are true, and correct to the best of my knowledge, (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 as desired by the competent authority.

Place.....
Date.....

Signature of the candidate in full

Handwritten Name

Chief Medical Officer of Health
North 24 Parganas

**Medical Certificate in case of appointment of candidates under
West Bengal State Health & Family Welfare Samiti**

Name of the candidate in full (in block letters) :
 Height (without shoe) : Cm.
 Weight : Kg.

"I hereby certify that I have examined Sri/Smt..... a candidate for employment in the West Bengal State Health & Family Welfare Samiti, and can't discover that Sri/Smt..... has any disease, (communicable or otherwise) constitutional weakness or bodily infirmity, except.....
 I do not consider this a disqualification for employment in the office of State Samiti. Sri/Smt.....'s age is, according to his own statement..... Years, and by appearance about.....years".

- a. General Development : Good/Fair/Average/Poor
- b. Vision : Right eye: Left eye:
 - i. Uncorrected/Naked eye :
 - ii. Corrected :
 - iii. Nature and degree :
- c. Teeth : d. Hearing : e. Blood pressure :
- f. Lung : g. Heart : h. Liver :
- i. Spleen :
- j. Hernia (present or absent) :
- k. Hydroceles (present or absent) :
- l. Urine i. Specific Gravity ii. Albumin iii. Sugar
- m. Identification marks :
- n. The Candidate is :

i. Fit :

ii. Unfit on account of :

iii. Temporarily unfit on account of :

Dated:

Signature of the Medical Practitioner

Name :

Degree :

Regn. No. :
(Seal)

Signature of Candidate

Attested