



GOVT. OF WEST BENGAL  
OFFICE OF THE CHIEF MEDICAL OFFICER OF HEALTH  
& SECRETARY, DISTRICT HEALTH & FAMILY WELFARE SAMITY  
RAMPURHAT HEALTH DISTRICT

E.mail: [cmohrampurhatd@gmail.com](mailto:cmohrampurhatd@gmail.com)

Contact No: (03461) 256-102

Memo No. DHFWS/DPMU/ 167

Dated: 8/02/2019

**Recruitment Notice ( Walking Interview )- 2019**  
(Contractual Basis)

The interested and eligible candidates fulfilling the requirements may attend directly before the Recruitment Committee for Walk-In-Interview conducted by District Health & Family Welfare Samiti, Rampurhat Health District, Birbhum for engagement of different staff under National Tobacco Control Programme (NTCP).

Sl.No	Name of The Post	Number of Post	Category of Post	Programme	Remuneration/ Month
1	Psychologist	01	UR	NTCP	Rs. 25,000/-
2	Social Worker	01	UR	NTCP	Rs. 25,000/-

1. Date & Time of Walk-In-Interview : 20/02/ 2019 (Wednesday )
2. Registration & Verification starts at : 9.30 AM
3. Place of Interview : CMOH, Rampurhat
4. Place of Posting : Rampurhat Office, Rampurhat HD
5. Age Limit : Up to 40 years on 01/01/2018
6. Eligibility Criteria

Name of the Post	Eligibility Criteria as per Gol guidelines
Psychologist	Post-graduate degree in Psychology/MSW or Graduate in Psychology/trained in counseling with 2 (two) years of experience in the field of counseling services
Social Worker	Post-graduate degree in Sociology/Social Work or Graduate in Sociology/Social Work with 2(two) years of field experience

7. **How to Apply:** An application on prescribed format, original and self attested photocopies of testimonials including proof of age, qualification, experience to be submitted during the registration for walk-in-interview. Willing candidate may apply more than one post.

8. **Application Fee:** . Application fee of Rs. 100/- for UR categories and Rs. 50/- for Reserved categories in form of DD/Banker's Cheque in favour of DHFWS, Rampurhat HD payable at Rampurhat must be enclosed with the application otherwise application will be treated as cancelled. Name of the applicant & name of the post must write in back side of Demand Draft. Demand Draft is subject to non refundable.

Chief Medical Officer of Health  
Rampurhat Health District, Birbhum



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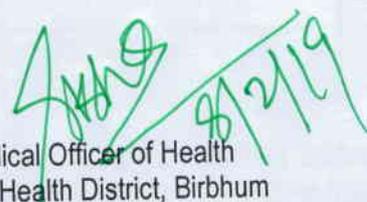
Contact No: (03461) 256-102

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Copy forwarded for information to:-

1. The Hon'ble Dr. Asish Banerjee, MIC, MLA & Chairman of Selection Committee
2. The Sabhadhipati, Birbhum Zilla Parishad
3. The Director of Health Services, Swasthya Bhavan, Kolkata-91
4. The Mission Director, NHM, Swasthya Bhavan, Kolkata-91
5. The AMD (NHM) Swasthya Bhavan, Kolkata-91
6. The Executive Director, WBSH&FWS, Kolkata-91
7. The PO, NHM, Swasthya Bhavan, Kolkata -91
8. The ADHS (NCD-II), Swasthya Bhavan, Kolkata-91
9. The ADHS (Hospital Administration Branch), Swasthya Bhavan, Kolkata-91
10. The Addl. District Magistrate, (Gen), Birbhum
11. The Swasthya Karmadkshya, Birbhum Zilla Parishad
12. The SDO Rampurhat Sub Division.
- 13-17. The Dy.CMOH-II/Dy.CMOH-III/ACMOH/DPHNO/A.O., Rampurhat HD
- 18-25. The BMOH (all) under Rampurhat HD
26. The HR Cell, State Health & Family Welfare Samity, Kolkata -91
27. The DIO, NIC – with the request to publish advertisement in the official webpage of Birbhum
28. IT Specialist, Dept. of Health and Family Welfare, Swasthya Bhavan, Kolkata-91 – he is requested to publish this advertisement in the wbhealth.gov.in website.
- 29-31. The DPC/DAM/A.M(NUHM), Rampurhat HD
32. Office Copy.

  
Chief Medical Officer of Health  
Rampurhat Health District, Birbhum

**CMOH OFFICE RAMPURHAT HD**  
**APPLICATION FORMAT**

Affix one colour  
recent passport  
size photo

Application for the post .....

1. Name ( Block Letter) :
2. Father's Name/Husband's name :
3. Complete Address :
4. Contact number ( Mobile) :
5. E-mail ID:
6. Date of Birth :
7. Age as on date of application :
8. Sex :
9. Caste :
10. Details of Demand Draft /Banker's Cheque :
11. Educational Qualification ( From Madhyamik and onwards )

Exam Passed	Board/University	Full Marks	Marks obtained	% of marks	Year of passing

12. Working experience, if any :

**Declaration**

I declare that the information furnished above are based on material records and are true to the best of my knowledge and belief. I also understand that if any information furnished is found to be materially incorrect or incomplete, my candidature is liable to be cancelled without any further information to me.

**Date of application**

**Signature of the Applicant**