



GOVERNMENT OF WEST BENGAL DISTRICT HEALTH AND FAMILY WELFARE SAMITI NATIONAL HEALTH MISSION OFFICE OF THE CHIEF MEDICAL OFFICER OF HEALTH BANKURA

Phone No.: 03244-258234

Email: cmoh.bankura@gmail.com

No. 870

Dated .-

20/02/19

NOTICE for WALK IN INTERVIEW

Walk in Interview is invited from eligible candidates for engagement for the following posts purely on contractual basis in the different programme in BankuraDistrict.

Venue:-CMOH Office ,Bankura.

Date & Time: - 28/02/2019 at 11:00 a.m.

The eligible candidates should read the general conditions before appearing the interview.

SI No	Name of the Post Eligibility Criteria			Consolidated Remuneratio n/Month	
1	Medical Officer (NHM)				
2	Medical Officer for SNCU (NHM)-	MBBS Degree from MCI recognizes institution with one year complete internship. Must be registered under WBMC Desirable-DCH Age Limit-63 Years.	3	40000/-	
3	Medical Officer (Mental Health)	1.MD/DPM in psychiatry or MBBS with four months training in psychiatry 2. Age limit-40 Years.	1	50000/-, / 40000/-	
4	Medical Officer (Thalassaemia)	MBBS Degree from MCI recognizes institution with one year complete internship. Must be registered under WBMC Desirable-DCH / Experience in working with thalassaemia patients. Age Limit-63 Years.		40000/-	
5	Medical Officer (FI-ART)	MBBS Degree from MCI recognizes institution with one year complete internship. Must be registered under WBMC and trained by NACO. Age Limit-60 Years.	1	36000/-	
6	Staff Nurse (NUHM)	1.GNM from institute recognized by the Indian Nursing Council. Candidate should have proficiency in local language. 2.Age Limit:- up to 64 Years.	4	17220/-	

General Condition:-

- Essential qualification in respect of the post is the minimum.
- All original relevant documents and one set photo copy of all relevant documents with one copy passport size photograph should be present at the time of 'Walk in interview'.
- Appointment / joining letter will not be treated as Experience Certificate.
- The list of eligible candidates list etc, will be published time to time as per decision of the
 District Level Selection Committee in the website www.wbhealth.gov.in /
 www.bankura.gov.in only. No other mode of communication with the candidate shall be
 made.
- No TA/DA will be paid to the candidates.
- Selection committee reserves the right to add / alter /reject any criteria or terms and conditions regarding selection process
- Selected candidate/s may be placed anywhere under Bankura Districts.

• The decision of the Selection Committee regarding the recruitment is final.

Member Secretary & CMOH
District Level Selection Committee
District Health & Family Welfare Samiti
Bankura

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APPLICATION FOR THE POST OF	Application for	Walk in Intervie	w (Ref. No		Date-)	
To The CMOH & Member Secretary, District Health &Family Welfare Samiti, Bankura. 01. FULL NAME (In Block Letters):	APPLICATION FOR T	THE POST OF				Space for	
02. FATHER'S / HUSBAND'S NAME:	The CMOH & Mem District Health &Far	316				passport size	
03. ADDRESS (a) Permanent:	01. FULL NAME (In	Block Letters) :					
(b) Present:	02. FATHER'S / HUS	BAND'S NAME:					
(b) Present:	03. ADDRESS (a) Pe	rmanent:					
06. EDUCATIONAL & PROFESSIONAL QUALIFICATION (Attach self attested copy of appropriate) : Exam Passed	(b) Present:						
Exam Passed Certificate Board / University Year of Passing % of Marks O7. SEX :	05. Age as on(Date	of Advertisement) _	years	months	c	days.	
University 07. SEX :	06. EDUCATIONAL	& PROFESSIONAL QU	ALIFICATION (Attac	h self attested co	py of approp	oriate) :	
10. E-MAIL ADDRESS : 11. MOBILE NO. : 12. EXPERIENCE (Attach copy of relevant Certificate) : Organization / Designation / Post From (Date) To (Date) Total Experience	Exam Passed	21 29 7 SD 90	ard / Year o	Year of Passing		% of Marks	
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Organization / Designation / Post From (Date) To (Date) Total Experience			-8017				
	12. EXPERIENCE (At	tach copy of relevant	Certificate) :				
	100	Carron and	From (Date)	To (Date)	1000000	Law Control of	
I hereby declare that all statements made in this application are true, complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect at any stage my candidature is liable to be cancelled.	of my knowledge ar	nd belief. I understand	d that in the event	of any information			
Date:(Signature of the Candidate)	Date:			(Signature of	the Candid		