



INSTITUTE OF HEALTH & FAMILY WELFARE

(Department of Health and Family Welfare, Government of West Bengal)
29, GN BLOCK, SECTOR – V, BIDHAN NAGAR, KOLKATA – 700 091.

Phone No. : 2357 4531, Tele Fax No. : 2357 8870,

e-mail: ihfwkolkata@gmail.com / Website : www.ihfwkolkata.org

EMPLOYMENT NOTICE

Institute of Health & Family Welfare invites applications in the prescribed Application Form for filling up of 2 (two) posts of Consultant (Medical) under its RCH/NRHM Programme on contractual basis as detailed below :-

Sl. No.	Name of the post	Qualification	Experience	No. of post	Emoluments	Age Limit			
1.	Consultant (Medical)	MBBS with MD/DNB in PSM/CHA/MPH from recognized Medical Institute	Experience in Monitoring Public Health Programme will be given weightage	2 (two)	<table border="1"><tr><td>Rs. 30,000.00- Rs. 40,000.00 per month (consolidated) upto 3 years' experience</td></tr><tr><td>Rs. 40,000.00- Rs. 55,000.00 Per month (consolidated) more than 3 years' experience</td></tr><tr><td>Retired Govt. Servant engaged as Consultant – as per norms of DOPT</td></tr></table>	Rs. 30,000.00- Rs. 40,000.00 per month (consolidated) upto 3 years' experience	Rs. 40,000.00- Rs. 55,000.00 Per month (consolidated) more than 3 years' experience	Retired Govt. Servant engaged as Consultant – as per norms of DOPT	50 years
Rs. 30,000.00- Rs. 40,000.00 per month (consolidated) upto 3 years' experience									
Rs. 40,000.00- Rs. 55,000.00 Per month (consolidated) more than 3 years' experience									
Retired Govt. Servant engaged as Consultant – as per norms of DOPT									

The Application Form may be downloaded from the Website of Institute of Health & Family Welfare (www.ihfwkolkata.org)

Details may be had from the office of IHFW, Kolkata at GN, 29, Sector-V, Bidhannagar, Swasthya Bhawan Campus, Kolkata – 700 091.

Last date of receipt of application is 19.05.2015 (4 p.m.)

Director, I H F W

APPLICATION FORM

Application Form for Consultant (Medical) for its NRHM / RCH Programme on contractual basis for the Institute of Health & Family Welfare, Kolkata.

1. Name (Capital Letters) :-
2. Educational Qualification :-
3. Registration number and name of the Medical Council :-
4. Postal Address :-
5. Telephone Number of Residence & Office :-
6. Mobile Number :-
7. Fax No. :-
8. E-mail Address :-
9. Present designation and name of the organization to which attached :-

10. Academic Records :-

Name of Diploma / Degree	University / Board	% of Marks obtained	Chances taken to pass	Academic, Distinction, Honours, Medals, Certificate	Year of Passing

11. Details of Medical / RCH / NRHM related Trainings undergone and Programmes handled :-

Sl. No.	Capacity in which served	From	To

12. Self appraisal note relevant to the expected job of the candidate (in 100 words separate sheet may be attached) :-

(The candidates will submit photocopies of the relevant certificates / documents alongwith the application form and will produce the same in original at the time of the interview).

DECLARATION

I solemnly declare that the information furnished above are based on materials records and are true to the best of my knowledge and belief. In case any information furnished in full or part there of is found incorrect the recruitment will be cancelled by the authority concerned without assigning any reason thereof.

Date and Place :-

Signature of the Applicant