GOVERNMENT OF WEST BENGAL

OFFICE OF THE DISTRICT HEALTH & FAMILY WELFARE SAMITI 11, DR. P. K. BANERJEE ROAD, LICHUBAGAN, HOWRAH - 711101

No. DHFWS / HOW /990

Walk-in Interview will be conducted for the Medical Officers on contractual basis in the District of Howrah District under different National Programmes:

Post No.	Name of the post	Place of posting	No. of Post	Eligibility	Consolidated Remuneration per month
01	Medical Officer – Full Time (NUHM)	HMC (including Bally Sub- Unit) & Uluberia Municipality	16 (SC-04, ST-01, OBC-A-02, OBC-B-01, UR- 08)	 MBBS from a MCI recognized Institute with 1 year compulsory internship. Must be registered under West Bengal Medical Council Permanent resident of West Bengal. Age: 66 yrs or less as on 01.01.2018 	Rs.40,000/-
02	General Duty Medical Officer (NRHM)	Any upgraded BPHC/PHC (delivery point) in Howrah	02 (SC-1 & UR-1)	 MBBS recognized by MCI Age: 65 yrs or less as on 01.01.2018 	Rs.40,000/-
03	Medical Officer (Thalassaemia Control Programme)	Uluberia SDH TCU	01 (UR)	 MBBS recognized by MCI Desirable: DCH / Experience in working with Thalassaemia patient Age: 63 yrs or less as on 01.01.2018 	Rs.40,000/-

The initial contract period is up to 31st March 2019 and it may be renewed for further period depending on need and performance of the candidates.

Desiring Medical Officers may attend the walk-in interview on 12th April 2018 (Thursday) within 12:00 Noon along-with the specific filled-in application format at the Bungalow Office of the CMOH, 11, Dr. P. K. Banerjee Road, Lichubagan, Howrah-711101 (Near Mallikphatak, between Correctional Home (Jail) & BSNL Office. The candidate should be physically fit to attend daily duty. This is to further inform that candidates must be present at the time of walk-in interview along-with all required documents and no third party will be allowed at the time of interview. No change of date and time will be entertained from this end. No separate Admit Card for appearing in walk-in interview will be issued.

The candidates must bring the filled in **Application Format** is mentioned hereunder alongwith all **Original** documents for appearing in the walk-in interview:

- Photo proof identity card (Passport or Voter ID Card or AADHAR Card or Pan Card)
- Proof of Address (Passport or Voter ID Card or ADHAR Card or Ration Card)
- Proof of Age Certificate (Madhyamik or equivalent examination certificate/Admit Card)
- All marksheets and pass certificates starting from Secondary onwards (including MBBS)
- Registration Certificate under West Bengal Medical Council & Medical Council of India
- Proof of Caste Certificate, if applicable.
- All the post qualification experience certificates issued and stamped by the appropriate authority starting from oldest to latest.
- Experience certificates must consist of Name of the Post, Employer's & Employee's Names, Date of Joining and Date of Leaving otherwise his/her experience will be treated as invalid. No appointment letter will be treated as experience certificate.

Chief Medical Officer of Health & Member Secretary, DH&FWS, Howrah

Date: 28/03/2018

Enclosure: Application Format



APPLICATION FORM (Fill-in the form in CAPITAL LETTER only)

Post Applied for		ld recent Colour assport size self photograph									
1. Name:											
2. Father's / Mother's / Husband's Name :											
2. a. Date of Birth b. Age as on 01.01	4. Sex (M/F/O):									
5. Address for Com	munication:			6. Caste (SC /ST /O	BC-A /OBC-	B /Unres	served):				
7. Present Telephone No :											
Permanent Address:											
				AND SOCIOLOGIC SERVICES							
8. Email Address:	8. Email Address: 9. Mobile No.:										
10. Education: please list all qualifications (Madhyamik onwards including Technical, Computer etc) (Use separate sheets if required).											
Degree	University / Board etc.	Year of pa	ssing	Full Marks	% of Ma obtain		Division / Class / Chance				
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11. Employment Record:							
(Total years of post qualif	ication experience) :						
12. Details of Employmen							
THE REST OF THE PROPERTY OF TH	######################################	se order all the employments you have had.					
12 A. Current Employm							
Name of Employer:	То	Designation					
Month / Year	Month / Year	Designation					
	TO AND THE STATE OF THE STATE O						
,							
Location of Employment:							
Description of your dut	ties:						
12 B. Previous Employer:	ment:						
From	То	Designation					
Month / Year	Month / Year	Designation					
	4						
Location of Employment:	**************************************						
12 C. Previous Employe Name of Employe							
From Month / Year	To Month / Year	Designation					
Location of Employment:							
Description of your du							
13. For the post of : Med		(No.)					
A. Whether 01 year	internship done (Yes	/ NO)					
B. Whether Registe	red under West Benga	al Medical Council (Yes / No)? Registration Number :					
C. Whether Permanent Resident of West Bengal (Yes / No)?							
		Declaration					
best of my knowledge a	and belief. If any info that my candidature	on furnished above are based on material records and are true to the truncation furnished or any part of it is found to be incorrect, then I do for contractual recruitment to the post I have applied for is liable to be					
Place :		Signature of the Applicant					