## GOVERNMENT OF WEST BENGAL OFFICE OF THE DISTRICT HEALTH & FAMILY WELFARE SAMITI 11, DR. P. K. BANERJEE ROAD, LICHUBAGAN, HOWRAH – 711101

No. DHFWS / HOW / 2855/19

## Walk-in interview of Yoga Instructor & Yoga Assistant for AYUSH Wellness Centre (Yoga) & UDA / LDA (Retired Govt. Employee) in District AYUSH Setup, Howrah

Walk-in interview will be conducted under AYUSH to fill-in the following vacant positions on contractual basis

Post No.	Name of the post Place of		No. of Post	Eligibility	Consolidated Remuneratio	Date & Time of Walk-in	Venue of Walk- in Interview
	*	posting			n per month	Interview	
01.	Yoga Instructor	AYUSH Wellness Centre (Yoga) at South Howrah SGH, Howrah	01 (UR)	Graduate in any discipline and 1 year post-graduate diploma in Yoga/Yoga Education/Yoga Therapy from UGC recognised University/one y Yoga & Naturopathy trainee course under West Bengal Council of Yoga & Naturopathy and registered under the said Council and professional experiences of 3 years from any reputed institute/organization	Rs.25,000/-	2019 (Wednesday) from 11AM to 01:00PM	Bungalow Office of the CMOH, 11, Dr. P. K. Banerjee Road, Lichubagan, Howrah-711101
111/	Yoga Assistant		01 (UR)	Undergraduate and passed in one year Yoga & Naturopathy trainee course under West Bengal Council of Yoga & Naturopathy and registered under the said Council	Rs.10,000/-		(Near Mallikphatak, between Correctional Home (Jail) & BSNL Office)
03.	UDA / LDA (Retired Govt. Employee)	District AYUSH Setup, Howrah	01 (UR)	Retired Govt. Employee having computer literacy. Age: 62 years as on 01.01.2019	Rs.10,000/-	18 <sup>h</sup> December 2019 (Wednesday) from 01PM to 03:00PM	

Desiring Candidates may attend the walk-in interview along-with the specific filled-in application format. This is to further inform that candidates must be present at the time of walk-in interview along-with all required documents. 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 along-with 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
- Registration certificate of the appropriate authority, if applicable
- PPO, if applicable
- All the post qualification experience certificates issued and stamped by the appropriate authority starting from oldest to latest.

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

Date: 26/11/2019

**Enclosure:** Application Format

## **APPLICATION FORM**

## (Fill-in the form in CAPITAL LETTER only)

Post Applied for						passport	nt Colour size self egraph		
1. Name:	1								
2. Father's / Mother's / Ho	usband's Name :								
3. a. Date of Birth b. Age as on 01.01.20	5. Sex (M/F/O):								
6. a. Address for Commu		7. Caste (SC /ST /OBC-A /OBC-B /Unreserved):							
b. Permanent Addres	s:			8. Present Teleph	one No :				
9. Email Address: 10. Mobile No.:									
11. Education & Others :	please list all qu	alifications		1					
Degree	University / Board etc.	Year of passing		Full Marks	Marks obtained	% of Marks	Division / Class		

12. Employment Record	i:					
(Total years of post-qual	ification experience) :					
13. Details of Employmer	nt: (Use separate sheets	s if required).				
	-	se order all the employments you have had.				
13 A. Current Employn	nent:					
Name of Employer:						
From	To	<u>Designation</u>				
Month / Year	Month / Year	_				
Location of Employment:						
Description of your du	ities:					
13 B. Previous Employ	/ment:					
Name of Employer:						
From	То	Designation				
Month / Year	Month / Year					
Location of Employment:						
Description of your du						
13 C. Previous Employ Name of Employe						
From	То	Designation				
Month / Year	Month / Year	_				
Location of Employment:		<u> </u>				
	-41					
Description of your du	ities:					
14.						
A. Registration Nu	mber from appropriate	e authority (if applicable) :				
B. PPO No. (if applicable)						
		Declaration				
best of my knowledge	and belief. If any infor that my candidature for	n furnished above are based on material records and are true to the mation furnished or any part of it is found to be incorrect, then I do or contractual recruitment to the post I have applied for is liable to be				
Place :						
Date :		Signature of the Applicant				