



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

No: DHFWS/HOW/ 1483/24

Date: 4/7/24

WALK-IN INTERVIEW FOR THE POST OF SPECIALIST UNDER XV FC-HG

As decided by the District Level Selection Committee, Howrah, walk-in interview for the post of **Specialist** on part-time basis for polyclinic or specialist services in Urban Local Bodies (**Howrah Municipal Corporation, Bally Municipality & Uluberia Municipality**) under XV Finance Commission-Health Grant (XV FC-HG) will be conducted on **15th July 2024 (Monday)** at **12:00 Noon** at **Bungalow Office of the CMOH, 11, Dr. P. K. Banerjee Road, Lichubagan, Howrah-711101** (Near Mallikphatak, between Correctional Home (Jail) & BSNL Office)

Post No.	Name of the Post	Number of Vacancy	Place of Posting	Age limit as on 1 st January 2024	Essential Criterion	Remuneration
01	Specialist (Medicine) - Polyclinic under XV FC HG	11	Any Polyclinic in Urban Local Bodies	67 years or less	<ul style="list-style-type: none">• MBBS degree from an MCI recognized Institute• Post-Graduate degree / DNB in Medicine• Must be registered under West Bengal Medical Council	Rs.3,000/- per day (at least 3 hours per day) for thrice a week on part time basis
02	Specialist (Paediatrics) - Polyclinic under XV FC HG	07	Any Polyclinic in Urban Local Bodies	67 years or less	<ul style="list-style-type: none">• MBBS degree from an MCI recognized Institute• Post-Graduate degree / DNB / diploma in Paediatric Medicine• Must be registered under West Bengal Medical Council	Rs.3,000/- per day (at least 3 hours per day) for thrice a week on part time basis
03	Specialist (G&O) - Polyclinic under XV FC HG	10	Any Polyclinic in Urban Local Bodies	67 years or less	<ul style="list-style-type: none">• MBBS degree from an MCI recognized Institute• Post-Graduate degree / DNB / diploma in Gynaecology & Obstetrics• Must be registered under West Bengal Medical Council	Rs.3,000/- per day (at least 3 hours per day) for thrice a week on part time basis
04	Specialist (Ophthalmologist) - Polyclinic under XV FC HG	10	Any Polyclinic in Urban Local Bodies	67 years or less	<ul style="list-style-type: none">• MBBS degree from an MCI recognized Institute• Post-Graduate degree / DNB / diploma in Ophthalmology• Must be registered under West Bengal Medical Council	Rs.3,000/- per day (at least 3 hours per day) for twice a week on part time basis

For Specialist under XV Finance Commission-Health Grant (XV FC-HG):

Mode of Selection: It may two stages selection process. 1. Screening of documents in time of walk-in interview & 2. Interview (Viva-voce). Final selection may be made on the basis of mark obtained in interview (Viva-voce) and academic degree/diploma.

Scale of Scoring: 10 marks in interview (Viva-voce) & 10 marks for degree / 5 marks for diploma (maximum 10 marks will be awarded)

Desiring **Specialist** may attend the walk-in interview along-with the specific filled-in application format, a photocopied set of following listed documents for verification of document and interview on the scheduled date. This is to further inform that candidates must be present at the time of verification along-with all required documents personally and no third party will be allowed at that time. After verification of documents, if the candidate found eligible, will be allowed for attending the subsequent stages of selection such as Interview. If found ineligible after document verification, the candidate will not be allowed to appear the next stage of selection. No change of date and time will be entertained from this end.

The candidates must bring undernoted **original** and **self-attested photocopied** documents for verification:

- A **printed copy of the filled-in application format** with a passport size recent colour photo as follows
- Proof of Identity (Passport or Voter ID Card or AADHAR Card or PAN Card)
- Proof of Address (Passport or Voter ID Card or AADHAR Card or Ration Card)
- Proof of Age (Madhyamik or equivalent examination certificate/Admit Card)
- All marksheets and pass certificates starting from Secondary onwards (including MBBS / Post-Graduate degree / DNB / Diploma etc.)
- Registration Certificate under West Bengal Medical Council / Medical Council of India
- All the post qualification experience certificates issued and stamped by the appropriate authority starting from oldest to latest.
- Experience certificates mentioning the period of working.
- In case of difference between surname mentioned in academic marksheets/pass certificates and proof of identity, proper document must be submitted in time of verification
- Caste certificate, if applicable.

Candidates will note that:

1. For above mentioned positions, **the applicant must be permanent resident of West Bengal**. If any District/Sub-Division/Block/ULB specified for residence must be mentioned.
2. **The applicant must have knowledge of local languages.**
3. Verification of testimonials &/or appearing any stage of selection do not entitle the candidate to claim the selection or engagement
4. Candidates, who are not eligible after verification process, will not be called for the subsequent stages of the selection process, if any
5. Candidates who fail to turn up as per below mentioned schedule, she/he shall not be considered for selection.
6. Decision of the Competent Authority regarding the verification and engagement is final.
7. List of eligible & ineligible, select & waiting panel of candidates will be posted at www.healthhowrah.org
8. No TA/DA is admissible for attending the verification


Chief Medical Officer of Health & Secretary
DHFWS, Howrah

Enclosure: Application Format

12. Employment Record:

(Total years of post-qualification experience) :

13. Details of Employment: (Use separate sheets if required).

Starting with your present employment, list in reverse order all the employments you have had.

13 A. Current Employment:

Name of Employer:

From Month / Year	To Month / Year	<u>Designation</u>

Location of Employment:

Description of your duties:

13 B. Previous Employment:

Name of Employer:

From Month / Year	To Month / Year	Designation

Location of Employment:

Description of your duties:

13 C. Previous Employment:

Name of Employer:

From Month / Year	To Month / Year	Designation

Location of Employment:

Description of your duties:

14. For the post of : Medical Officer-

A. Whether 01 year internship done (Yes / No)_____

B. Whether Registered under West Bengal Medical Council (Yes / No)? _____ Registration Number : _____

Declaration

I hereby solemnly declare that the information furnished above are based on material records and are true to the best of my knowledge and belief. If any information furnished or any part of it is found to be incorrect, then I do believe and understand that my candidature for contractual recruitment to the post I have applied for is liable to be cancelled without any further intimation to me.

Place :

Date :

Signature of the Applicant