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

No. DHFWS / HOW / 158/2021

Date: 18/1/2021

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)	Any U-PHC under Howrah Municipal Corporation	14 (SC-3, ST-1, OBC-A -2, OBC-B-1, UR-7)	<ul> <li>MBBS from a MCI recognized Institute with 1 year compulsory internship.</li> <li>Must be registered under West Bengal Medical Council</li> <li>Permanent resident of West Bengal.</li> <li>Age: 62 yrs or less as on 01.01.2021</li> </ul>	Rs.60,000/-
02	General Duty Medical Officer (NRHM)	Any upgraded BPHC/PHC (delivery point) in Howrah	02 (SC-1 & UR- 1)	<ul> <li>MBBS recognized by MCI</li> <li>Age: 62 yrs or less as on 01.01.2021</li> </ul>	Rs.60,000/-
03	Medical Officer (ART Centre)	Howrah DH	01 (UR)	<ul> <li>MBBS trained by NACO at one of the NACO designated training centres</li> <li>Age: 70 yrs or less as on 01.01.2021</li> </ul>	Rs.50,000/-

Desiring Medical Officers may attend the walk-in interview on 25th January 2021 (Monday) 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 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 (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.

 Any other document required as per this Advertisement Notification will have to be submitted by the candidates.

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

**Enclosure:** Application Format



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

Post Applied for	passpor	Add recent Colour passport size self photograph					
1. Name:							
2. Father's / Mother's	/ Husband's Name	:					
3. a. Date of Birth b. Age as on 01.0	: 1.2021 :Yrs	_ Months	4. Dist	rict of Domicile:		5. Sex (M/F/0	D):
6. a. Address for Cor	mmunication:			7. Caste (SC /ST	OBC-A OBC-	B /Unreserved)	):
b. Permanent Add	dress:			8. Present Teleph	none No :		
9. Email Address:				10. Mobile No.:			
11. Education: please	e list all qualification	ns		(MBBS onwards)			
Degree	University / Board etc.	Year of pa	ssing	Full Marks	Marks obtained	% of Marks	Division / Class & Chance

12. Employment Record						
(Total years of post-qualification experience) :						
	nt: (Use separate sheets if r	•				
		rder all the employments you have had.				
13 A. Current Employn Name of Employer:	ient:					
From	Designation					
Month / Year	To Month / Year	Designation				
Location of Employment:						
Description of your du	ties:					
Joseph en yeur uu						
13 B. Previous Employ	ment:					
Name of Employer:						
From	То	Designation				
Month / Year	Month / Year					
Location of Employment:						
Description of your du	ties:					
13 C. Previous Employ	ment:					
Name of Employe	r:					
From	То	Designation				
Month / Year	Month / Year					
Location of Employment:						
Description of your du	ties:					
Besonption of your du	tios.					
14. For the post of : Med	dical Officer-					
A. Whether 01 year	internship done (Yes / No	)				
B. Whether Registe	red under West Bengal Mo	edical Council (Yes / No)? Registration Number :				
C. Whether Permanent Resident of West Bengal (Yes / No)?						
D. Trained by NACO at NACO designated training centers. MO For ART Centre(Yes / No/NA)?						
		Declaration				
best of my knowledge a	and belief. If any informat that my candidature for c	rnished above are based on material records and are true to the tion furnished or any part of it is found to be incorrect, then I do ontractual recruitment to the post I have applied for is liable to be				
Place :						
Date :		Signature of the Applicant				