



Government of West Bengal
Department of Health & Family Welfare
Office of the Chief Medical Officer of Health
Kalyanpur Satellite town, Kalyanpur, P.O. R. K. Mission,
Asansol, Paschim Bardhaman, PIN-713305

E-mail id: cmoh.asnsl@gmail.com / cmohpaschimbardhaman@gmail.com

Ph. No.: 8597042976

Memo. No. DH&FWS/ASL/21-22/168

Date: 17.06.2021

Recruitment Notice

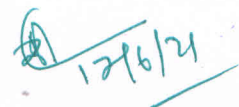
In reference to order no. HF/O/HS(MA)/742/HFW-25099/66/2021-MA dated 06/05/2021 & order no. HF/O/HS(MA)/743/HFW-25099/66/2021-MA dated 06/05/2021, a walk in interview for recruitment (on contractual basis) for two months to the post of Medical Officers (General Duty), Medical Officers (Specialist) & Staff Nurses will be held at the office of the undersigned.

Willing and eligible candidates may attend the interview at 12 noon on **22.06.2021** at CMOH office, Kalyanpur Satellite Township, Kalyanpur, Asansol.

Vacancy Details are as follows:-

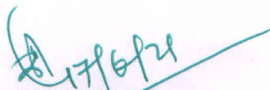
Sl. No.	Name of the Post	Essential Qualification	No. of vacancy	Consolidated Monthly Remuneration (Rs.)	Name of the Institute
1.	Medical Officer (General Duty)	M.B.B.S from any recognized University under MCI	03	Rs. 40,000/-	Asansol DH & SSH & Durgapur SDH
2.	Medical Officer (CCU/HDU)	M.B.B.S from any recognized University under MCI	03	Rs. 40,000/-	Asansol DH & SSH
3.	Specialist Medical Officer (Medicine)	M.B.B.S and M.D. in relevant subject from any recognized University under MCI	02	Rs. 50,000/-	Asansol DH & SSH
4.	Specialist Medical Officer (Respiratory Medicine)	M.B.B.S and M.D. in relevant subject from any recognized University under MCI	02	Rs. 50,000/-	Asansol DH & SSH
5.	Staff Nurse	G.N.M. or B.SC (Nursing) from any recognized University under WBNC/INC	23	Rs. 17,220/-	Asansol DH & SSH & Durgapur SDH

This recruitment process will be made as per guidelines of National Health Mission.



Aspirants willing to attend the Interview should carry the following documents /testimonials along with them at the Interview. Also they have to produce their documents /testimonials in original before the Interview Board.

- 1) An application format duly filled in as given in Annexure
- 2) Self attested copies of all relevant documents and certificates & Identity proof.
- 3) No TA/DA will be paid to the candidates for appearing in the Interview process.
- 4) Decision of the Board/ Authority will be final regarding selection of the candidates.
- 5) Upper age limit as on 01.01.2021 for the Medical officer and Specialist is not more than 65 years and for the Nursing Staff is not more than 62.


Secretary, DH&FWS &
Chief Medical Officer of Health
Paschim Bardhaman

Annexure -I
DISTRICT HEALTH AND FAMILY WELFARE SOCIETY
OFFICE OF THE SECRETARY & CHIEF MEDICAL OFFICER OF HEALTH,
PASCHIM BARDHAMAN
Kalyanpur Satellite Township, Beside CWC Office, Asansol-713305,

APPLICATION FORM AGAINST MEMO NO DH&FWS/ASL/21-22/168 DATED 17.06.2021

To
The CMOH,
Secretary, DH&FWS
Paschim Bardhaman

(To be filled in by the candidate in Block Letter)

Self Attested
Passport Size recent
photo

1. Post Applied for:
2. Name of the Candidate:
3. Father's/Guardian's Name:
4. Date of Birth: (DD/MM/YYYY)
5. Age as on 01.01.2021 :
6. Caste & Categories: General / SC / ST / OBC (Please Tick)
7. Address for Communication:
C/O:
Vill/Town/Road:
P.O: P.S:
District:..... PIN:.....
8. Contact Number:
9. Email ID:
10. Academic Qualification:

Sl No	Exam passed	Board/Institution/ University	Year of Passing	Total Marks	Marks Obtained	%of Marks



11. Professional/ Technical/ Computer Knowledge;

Sl No	Course Name	Institute Name	Affiliated By	Course Duration	Passing Year	Course Contains	%of Marks/ Grade

12. Experience in Govt Sector/ Private Organization (must have appointment letter and experience certificate:

Designation	Name of Organization	Govt/ Private	Duration		Total Experience
			From	To	

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 believe. If any information furnished or any part of it's found to be incorrect than I understand that my candidature is liable to be cancelled without any further information to me.

Date:

Place:

(Full Signature of the Applicant)