

E.mail: cmohrampurhathd@gmail.com Contact No: (03461) 256-102

Memo No. DHFWS/RPH/DPMU/ 2931

Dated: 21.10.22

## WALK-IN INTERVIEW

## (FOR RECRUITMENT OF DIFFERENT CONTRACTUAL POSTS UNDER DH&FWS, RAMPURHAT HD)

A Walk-in Interview will be conducted by the District Level Selection Committee (DLSC) of District Health and Family Welfare Samiti, Rampurhat Health District for engagement of different contractual positions under National

01.	Name of the post	Grants, details of the posts are mentioned below —  Medical Officer				
	Name of the Programme	FRU				
	Number of post & Category	07 (02 UR, 02 SC, 01 ST, 01 OBC-B, 01 OBC-A) under FRU				
	Place of posting	Various facility level under Rampurhat HD				
	Monthly Consolidated Remuneration	Rs.60,000/-				
	Age as on 1st January 2022	Upper age limit 62 years				
	Eligibility Criteria	MBBS from a MCI recognised institute with 01 year compulsory internship.  Must be registered under West Bengal Medical Council.  Weightage will be given for higher Qualification.				
	Scale of scoring	Total: 100 Marks  MBBS: 80 marks (based on % of marks obtain in the final examination)  PG Degree: 10/ PG Diploma: 05 marks  Experience: 10 mark ( @ 2 marks for each completed years of post qualification experienc up to maximum of 05 years)				
	Short listing method	Based on marks obtained in educational qualification & experience and the merit list will b prepared.				
	Application Format	Enclosed				
2.	Name of the post	Medical Officer				
	Name of the Programme	XV Finance Commission				
	Number of post & Category	07 (03 UR, 01 SC, 01 ST, 01 OBC-A, 01 OBC-B )				
	Place of posting	UHWC under Rampurhat and Nalhati Municipality area				
	Monthly Consolidated Remuneration	Rs.60,000/-				
	Age as on 1st January 2022	Upper age limit 62 years				
	Eligibility Criteria	MBBS from a MCI recognised institute with 01 year compulsory internship.  Must be registered under West Bengal Medical Council.  Weightage will be given for higher Qualification.				
	Scale of scoring	Total: 100 Marks  MBBS: 80 marks (based on % of marks obtain in the final examination)  PG Degree: 10/ PG Diploma: 05 marks  Experience: 10 mark (@ 2 marks for each completed years of post qualification experience up to maximum of 05 years)				
	Short listing method	Based on marks obtained in educational qualification & experience and the merit list will be prepared.				
	Application Format	Enclosed				





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3.	Name of the post	Community Health Assistant - Urban
J. 1	Name of the Programme	XV Finance Commission
(	Number of post & Category Place of posting	04 (01 UR, 01 OBC-A, 01 SC, 01 ST) (only for female candidate)
N	Monthly Consolidated Remuneration	UHWC under Rampurhat & Nalhati Municipality area Rs. 13,000/- per month
A	age as on 1st January	Minimum 21 years and Maximum 40 years.
E	ssential Criteria	Must have passed ANM course from an Institute recognised by the Indian Nursing Council and be registered with the West Bengal Nursing Council.  Should be proficient in Bengali and permanent resident of the district for which application is made.  OR  Must have passed GNM course from an Institute recognised by the Indian Nursing Council and be registered with the West Bengal Nursing Council.  Should be proficient in Bengali and permanent resident of the district for which application is made.
Ge		Following documents (self attested) needs to be submitted during Walk-in Interview- 1) Photo proof identity card ( Passport or Voter ID card or AADHAAR Card or PAN Card) 2) Proof regarding permanent residential status of the district applied for, which should be duly attested by a Gazetted Officer or Group "A" officer of the State Government ( Voter ID Card / Ration Card). 3) The age proof certificate like Admit Card / School Leaving Certificate Issued by West Bengal Board of Secondary Education or similar Board. 4) Caste Category Certificate (If any). In case of OBC Candidates category "A" or "B" must be mentioned specifically in the caste certificate otherwise the candidate will be treated in "Unreserved" category. 5) Mark-sheet and passed certificate of Madhyappils and AND (100 PM).
	.1 1 0 -	6) Self attested copy of ANM/GNM Registration Certificate  Merit basis in the ANM /GNM examination.
Me	thou of selection	Merit basis in the ANIM (CNIM : :

14	Name of the post	Community Health Assistant - Urban
04.	Name of the Programme	National Urban Health Mission (NUHM)
	Number of post & Category	01 (OBC-A)
	Place of posting	( only for female candidate )  UPHC at Rampurhat Municipality
	Monthly Consolidated Remuneration	Rs. 13,000/- per month
	Age as on 1st January 2022	Minimum 21 years and Maximum 40 years.
	Essential Criteria	Must have passed ANM course from an Institute recognised by the Indian Nursing Council and be registered with the West Bengal Nursing Council.  Should be proficient in Bengali and permanent resident of the district for which application is made.  OR  Must have passed GNM course from a Levis
		Must have passed GNM course from an Institute recognised by the Indian Nursing Council and be registered with the West Bengal Nursing Council.





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		Should be proficient in Bengali and permanent resident of the district for which applicatio is made.			
	General Information	Following documents (self attested) needs to be submitted during Walk-in Interview- 1) Photo proof identity card (Passport or Voter ID card or AADHAAR Card or PAN Card 2) Proof regarding permanent residential status of the district applied for, which should duly attested by a Gazetted Officer or Group "A" officer of the State Government (Voter Card / Ration Card).  3) The age proof certificate like Admit Card / School Leaving Certificate Issued by We Bengal Board of Secondary Education or similar Board. 4) Caste Category Certificate (If any). In case of OBC Candidates category "A" or "B" mu be mentioned specifically in the caste certificate otherwise the candidate will be treated "Unreserved" category.  5) Mark-sheet and passed certificate of Mark-sheet and passed certificate o			
	Method of selection	6) Self attested copy of ANM/GNM Registration Certificate  Merit basis in the ANM/GNM (CNM)			
	Application Format.	The days in the ANVI /GNVI examination			
05.	Name of the post	Enclosed			
	Name of the Programme	Staff Nurse			
		XV Finance Commission			
	Number of post & Category	04 ( 02 UR, 01 SC, 01 OBC-A )			
	Place of posting	02.6			
	race of posting	03 for HWC under Rampurhat & Nalhati Municipality area			
	Remuneration	of for polyclinic at Kampurnat Municipality			
	Age as on 1st January	RS. 25,000/- per month			
	2022	Minimum 21 years and Maximum 40 years.			
	other Criteria	<ol> <li>Completed GNM training course from an Institute recognised by the Indian Nursing Council/ West Bengal Nursing Council.         <ul> <li>or</li> <li>The candidate should have completed B.Sc. Nursing Course</li> </ul> </li> <li>Must be registered under West Bengal Nursing Council</li> <li>Candidate should have proficiency in local language.</li> </ol>			
	Mala	- Candidates IIIusi pe a permanent rocident of IV			
	Method of selection	Merit basis in the GNM / B.Sc Nursing examination.			
16	Application Format	Enclosed Enclosed			
6.	Name of the post	Staff Nurse			
-	Name of the Programme	National Urban Health Mission (NUHM)			
	Number of post &	01 ( UR ) under NUHM			
-	Category Place of posting				
+	Remuneration	UPHC at Rampurhat Municipality area, Rampurhat HD			
	Age as on 1st January	183. 25,000/- per month			
	2022	Minimum 21 years and Maximum 40 years.			
	Essential Qualification &	1. Completed GNM training C			
	other Criteria	Nursing Council/ West Bengal Nursing Council.			
		The candidate should have completed D.C. N			
		2 Marsing Course			
		The candidate should have completed B.Sc. Nursing Course  2. Must be registered under West Bengal Nursing Council			
		3. Candidate should have proficiency in local large			
1	Method of selection	- Must be registered under West Bengal Muraina Commit			





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The eligible candidates should appear before the 'District Level Selection Committee' of District Health and Family Welfare Samiti, Rampurhat Health District located at MNK Road, Old Outdoor Campus, Kamarpotty More, Rampurhat, Dist. Birbhum, Pin-731224, W.B. on the specified date i.e. 19th November, 2022 at 10.30 a.m. along with the application in prescribed format with original & one set self attested photocopy of the following documents/information -Common for all category of Posts:

- i. Application as per Proforma
- Admit card of Madhyamik Examination as age proof ii.
- Photo Id Proof (Passport/Voter card/ Aadhaar card/ Driving License/ PAN card) iii. iv.
- Caste Proof Certificate, if applicable
- Application fee deposit receipt. (Application fee Rs. 100/- for General Caste & Rs.50/- for Reserved ٧. Category(SC/ST/OBC must be deposited in favour of A/C No. 0212010364782, IFSC - PUNB0021220, PNB of District Health and Family Welfare Samiti, Rampurhat HD).

## (Only for Medical Officer ):

- All mark sheets of MBBS Degree, PG Diploma/ PG Degree. vi. vii.
- Certificate of MBBS Degree, PG Diploma/ PG Degree
- Experience Certificate working as Medical Officer in any Govt. /Semi-Govt./Private Hospital/Nursing Home, if viii. ix.
- Registration Certificate in West Bengal Medical Council.

## (Only for Community Health Assistant):

- All mark sheets of GNM/ ANM examination х.
- Certificate of GNM/ ANM examination xi.
- Registration Certificate in West Bengal Nursing Council xii. xiii.
- Proof of permanent residential of Birbhum district Voter ID Card/Ration Card (Only for Staff Nurse): xiv.

- All mark sheets of GNM/ B.Sc Nursing examination Certificate of GNM/ B.Sc Nursing examination XV.
- Registration Certificate in West Bengal Nursing Council xvi.
- Proof of permanent residential of West Bengal Voter ID Card/Ration Card xvii.

## Correspondence Address:

Office of the Chief Medical Officer of Health MNK Road, Old outdoor campus, Kamarpotty More, Rampurhat Dist. Birbhum, Pin-731224, W.B.

> Member Secretary District Health & Family Welfare Samiti Rampurhat Health District, Birbhum ()

Memo No. DHFWS/RPH/DPMU/ 2931 (6)

Copy forwarded for information to:-

1. The Director of Health Services, Swasthya Bhawan, Salt Lake, Kolkata-91

The Executive Director, WBSH&FWS & Mission Director, NHM, Swasthya Bhawan, Salt Lake, Kolkata-91 3. The PO-I, NHM, Swasthya Bhawan, Salt Lake, Kolkata-91

The HR Cell, State Health & Family Welfare Samiti, Swasthya Bhawan, Salt Lake, Kolkata-91

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Dated: 21'10'22



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5. The IT Specialist, Dept. of Health and Family Welfare, Swasthya Bhavan, Kolkata-917 with requested to publish this advertisement in the wbhealth.gov.in website 6. Office copy.

Member Secretary District Health & Family Welfare Samiti Rampurhat Health District, Birbhum

Dated: 21.10.22

Memo No. DHFWS/RPH/DPMU/ 2931/2(9)

Copy forwarded for information to:-

- 1. Dr. Asish Banerjee, Hon'ble Deputy Speaker, Govt. Of West Bengal
- 2. The District Magistrate, Birbhum
- 3. The SDO, Rampurhat Sub-Division, Rampurhat, Birbhum
- $4. \quad The \ Dy. CMOH-II/Dy. CMOH-III/DMCHO/DTO/ACMOH/DPHNO/A.O.\ ,\ Rampurhat\ HD$
- 6. The BMOH & BDOs of all Block, Rampurhat HD
- 7. The DPMU (all), Rampurhat HD
- 8. The DIO, NIC with request to publish this advertisement in the official webpage of Birbhum.

Member Secretar District Health & Family Welfare Samiti Rampurhat Health District, Birbhum

### Application Format For Medical Officer under XV Finance Commission

Applica	ation for the post of	f :		•••••	••••••	••••	
1. 1	Name (Block lette	r) :					
<b>2.</b> F	ather's Name/Husb	and 's Name :					
3. 4	Address (in details)	:	Village/Town	<b>:</b>			
	P.O:	P	in:				
Е	Block/Municipality:		District:	•••••	•••••	••••••	
4.	Contact number (Mol	bile) :					
5. E	Email Id (mandatory)	:					
<b>6.</b> [	Date of birth	:					
7.	Age (as on 01.01.202	2) :					
8. (	Gender	:					
9. (	Caste	:					
10. F	ees deposit Amount	: Rs		throug	gh (offline /	online mode of depo	osit )
11. F	Photo ID Proof submi	itted :	Туре			, Numbe	r
12. E	Essential Qualificatio	on ( attached additional si	heet , if requi	ired)			
Ex	cam Passed	Board/University	Full Marks	(	Marks obtained	% age of marks	Year of passing
	MBBS						
P	PG Degree						
P	G Diploma						
14. E	Registration number Experience:  a. Name of the b. c. Name of the d. e. Years of exp	e Institution perience	al Council:			( attached sheet,	if required)
	Sl.			Sl.			
	No.			No.			
	2			8			
	3			9			
	4			10			
	5			11			
	6			12			

I do hereby declare that the information furnished above are true. I also understand that if any information furnished is found to be incorrect or incomplete, my candidature is liable to be cancelled without any further intimation to me.

### Application Format For Medical Officer under FRU

	ion for	(DL L L ( )							
. Na		(Block letter)		:					
. Fat	ther's	Name/Husbar	id 's Name	:					
. Ad	ldress	(in details)		: V	illage/Town:	•••••	•••••		•••••
Ρ.	.0:			Pin	:				
Blo	ock/Mu	unicipality :		Di	istrict:		•••••		
<b>4.</b> Co	ntact i	number (Mobil	.e)	:					
<b>5.</b> Em	nail Id	(mandatory)		:					
Da	ite of b	oirth		:					
7. Ag	ge (as o	on 01.01.2022)		:					
3. Ge	ender			:					
9. Ca	ste			:					
10. Fe	es dep	oosit Amount :	Rs		t	hrough (of	fline /c	online mode of dep	osit )
11. Ph	oto ID	Proof submitt	ed	: T	ype			, Numbe	er
12. Ess	Serrial	Quanneacion	( attached a	additional she	et , if require	ea)			
	m Pass			Jniversity	Full Marks	Mark obtain		% age of marks	Year of passing
Exai					Full	Mark		% age of marks	
Exai	m Pass	sed			Full	Mark		% age of marks	
Exai	m Pass MBBS Degre	sed			Full	Mark		% age of marks	
Exai	m Pass	sed			Full	Mark		% age of marks	
PG PG 13. Re 14. Ex	m Pass  MBBS  Degree  Diplom  egistrat perien a. b. c. d. e.	tion number unce: Name of the I	Board/Under West Boost Institution	University  engal Medical	Full Marks	Mark obtain	ned	% age of marks  ( attached sheet,	passing
PG PG 13. Re 14. Ex	m Pass  MBBS  Degre  Diplon  egistrat perien a. b. c. d. e.	sed  ee  na  tion number unce: Name of the F	Board/Under West Boost Institution	University  engal Medical	Full Marks	Mark	ned		passing
PG PG 13. Re 14. Ex	m Pass  MBBS  Diplom  egistrat perien a. b. c. d. e. closure	tion number unce: Name of the I	Board/Under West Boost Institution	University  engal Medical	Full Marks  Council:	Mark obtain	ned		passing
PG PG 13. Re 14. Ex	m Pass  MBBS  Diplom  egistrat perien a. b. c. d. e. closure	tion number unce: Name of the I	Board/Under West Boost Institution	University  engal Medical	Full Marks  Council:	Mark obtain	ned		passing
PG PG 13. Re 14. Ex	m Pass  MBBS  Diplom  egistrat perien a. b. c. d. e. closure	tion number unce: Name of the I	Board/Under West Boost Institution	University  engal Medical	Full Marks  Council:	Mark obtain	ned		passing
PG PG 13. Re 14. Ex	m Pass  MBBS  Diplon  egistrat perien a. b. c. d. e.  closure  Sl. No. 1	tion number unce: Name of the I	Board/Under West Boost Institution	University  engal Medical	Full Marks  Council:	Mark obtain	ned		passing
PG PG 13. Re 14. Ex	m Pass  MBBS  Diplon  egistrat perien a. b. c. d. e.  closure  Sl. No. 1	tion number unce: Name of the I	Board/Under West Boost Institution	University  engal Medical	Full Marks  Council:	Mark obtain	ned		passing
PG PG 13. Re 14. Ex	m Pass  MBBS  Diplon  egistrat perien a. b. c. d. e.  closure  Sl. No. 1 2 3	tion number unce: Name of the I	Board/Under West Boost Institution	University  engal Medical	Full Marks  Council:	Mark obtain	ned		passing
PG PG 13. Re 14. Ex	m Pass  MBBS  Diplon  egistrat perien a. b. c. d. e.  closure  Sl. No. 1 2 3	tion number unce: Name of the I	Board/Under West Boost Institution	University  engal Medical	Full Marks  Council:	Mark obtain	ned		passing

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### Application Format For Staff Nurse under XV Finance Commission

1.	Application for the po	ost of :	•••••	•••••					
2.	Name (Block letter)	:							
3.	Father's Name/Husband 's Name :								
4.		: Vi Pin: Di		•••••	••••••••				
5.	Contact number (Mobi	le) :							
6.	Email Id (mandatory)	:							
7.	Date of birth	:							
8.	Age (as on 01.01.2022)	) :							
9.	Gender	:							
10	. Caste	:							
11	. Photo ID Proof submitt	ted : Ty	pe			, Number			
		Rs			h (offline /	online mode of depo	sit )		
	Exam Passed	Board/University	Full Marks		Marks btained	% age of marks	Year of passing		
	GNM								
	B.Sc.								
		nder West Bengal Nursing	Council	•••••					
14	Enclosure ( mentioned Sl.	I in details) :	SI	.					
	No. 1		7						
	2		8						
	3		9						

I do hereby declare that the information furnished above are true. I also understand that if any information furnished is found to be incorrect or incomplete, my candidature is liable to be cancelled without any further intimation to me.

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## Application Format For Staff Nurse under NUHM

1.	Application for the	e post of :	•••••		•••••	•••••			
2.	Name (Block lett	ter) :	:						
3.	Father's Name/Hus	sband 's Name :							
4.	Address (in details P.O:	: V Pin:	•						
	Block /Municipality	/: D	District:				••••••		
5.	Contact number (M	Nobile) :							
6.	Email Id (mandator	ry) :							
7.	Date of birth	:							
8.	Age (as on 01.01.20	)22) :							
9.	Gender	:							
10.	. Caste	:							
11.	. Photo ID Proof subr	mitted : T	ype			, Numbe	r		
12.	. Fees deposit Amou	nt : Rs		throug	gh (offline /	online mode of depo	osit )		
В	B) Essential Qualific	cation ( attached additional :	sheet , if req	uired)					
	Exam Passed	Board/University	Full Marks		Marks obtained	% age of marks	Year of passing		
	GNM								
	B.Sc.								
	. Registration numbe	er under West Bengal Nursing	Council	•••••					
	Sl.	,		Sl.					
	No.			No.					

Sl.	Sl. No.	
No.	No.	
1	7	
2	8	
3	9	
4	10	
5	11	
6	12	

I do hereby declare that the information furnished above are true. I also understand that if any information furnished is found to be incorrect or incomplete, my candidature is liable to be cancelled without any further intimation to me.

Date of Application

Full Signature of Applicant

### Application Format For Community Health Assistant under NUHM

1.	Application for the post	of :		••••		
2.	Name (Block letter)	:				
3.	Father's Name/Husband	's Name :				
4.	Address (in details)	: Vil	lage/Town:			
	P.O:	Pin:	•••••			
	Block /Municipality :	Di	strict:			••••••
5.	Contact number (Mobile)	:				
6.	Email Id (mandatory)	:				
7.	Date of birth	:				
8.	Age (as on 01.01.2022)	:				
9.	Gender	:				
10.	. Caste	:				
11.	. Photo ID Proof submitted	: Ty	pe		, Number	
C	Fees deposit Amount : Rs  C) Essential Qualification  Exam Passed	( attached additional sh Board/University			% age of marks	Year of passing
	GNM		Marks	obtained		ραззіні
	OT W					
	ANM					
	ANM					
13.	ANM  Registration number unde	er West Bengal Nursing (	Council			
	. Registration number unde					
	Registration number under . Enclosure ( mentioned in Sl.		SI.			
	. Registration number unde					
	Registration number under  Enclosure ( mentioned in Sl. No.		Sl. No			

I do hereby declare that the information furnished above are true. I also understand that if any information furnished is found to be incorrect or incomplete, my candidature is liable to be cancelled without any further intimation to me.

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## Application Format For Community Health Assistant under XV Finance Commission

1.	Application for the post of	<b>:</b>	•••••	•••••		
2.	Name (Block letter)	:				
3.	Father's Name/Husband 's Na	me :				
4.	Address (in details)					
	P.0:					
	Block /Municipality :	Dis	trict:			
5.	Contact number (Mobile)	:				
6.	Email Id (mandatory)	:				
7.	Date of birth	:				
8.	Age (as on 01.01.2022)	:				
9.	Gender	:				
10	. Caste	:				
11.	Photo ID Proof submitted	: Тур	e	•••••	, Number	ſ
12	Fees deposit Amount : Rs		th	rough (offline /	online mode of depo	osit )
-	) Facantial Ovalification ( att	مام المساخلة المام مام مام	:6	:d\		
	D) Essential Qualification ( att Exam Passed Bo	ached additional sn ard/University	eet , if requ Full	Marks	% age of marks	Year of
	Exam rassed bo	ard/ Oniversity	Marks	obtained	% age of marks	passing
	GNM					
	ANM					

13.	Registration	number und	er West Beng	al Nursing Cou	ncil	

## 14. Enclosure (mentioned in details):

Sl.	
No.	
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11	
12	<u>-</u>
	8 9 10 11

I do hereby declare that the information furnished above are true. I also understand that if any information furnished is found to be incorrect or incomplete, my candidature is liable to be cancelled without any further intimation to me.