

GOVERNMENT OF WEST BENGAL

District Health & Family Welfare Samiti

Office of the Chief Medical Officer of Health

BISHNUPUR HEALTH DISTRICT, BISHNUPUR, BANKURA

Phone No. - 03244- 256753

e-mail- cmoh.bsnpr@gmail.com

Memo No. DHFWS/BHD/1190

Date: 07/12/2018

ENGAGEMENT NOTICE FOR WALK IN INTERVIEW

Interested and eligible candidate fulfilling the requirements may attend directly before the recruitment committee for walk-in-interview conducted by the District Health & Family Welfare Samiti, Bishnupur Health District, Bishnupur, Bankura. The walk-in-interview is called for engagement of the following purely contractual posts under National tobacco Control programme in Bishnupur Health District.

Sl. No	Name of The Post	Number of Post	Programme	Remuneration/month
1	District Consultant	01	NTCP	Rs. 40,000/-
2	Psychologist	01	NTCP	Rs. 25,000/-
3	Social Worker	01	NTCP	Rs. 25,000/-

1. Date & Time of Walk-in Interview : 03/01/2019 from 11 a.m. onwards.

2. Registration and verification : 03/01/2019 from 09.45 a.m.

3. Place of Interview : Meeting Hall of Bankura ZP, Tamlibandh, Bankura

4. Place of posting : Under NTCP in Bishnupur Health District.

5. Eligibility Criteria : as stated below-

A. **District Consultant**: Post graduate in Public Health or Social Sciences or Management with desirable 2 years experience OR MBBS/BDS with at least 2 years experience.

B. **Psychologist**: Post graduate degree in psychology/MSW OR Graduate in Psychology/trained in counseling with 2 years of experience in the field of counseling services.

C. **Social Worker**: Post graduate degree in Sociology/Social Work OR Graduate in Sociology/Social Work with 2 years field experience.

6. Age Limit: Up to 40 years on 01/01/2018 for all the posts.

7. How to apply: An application on prescribed format, original and self attested photocopies of testimonials including proof of age, qualification experience to be submitted during the registration for walk-in interview. Willing candidate may apply for more than one post.

8. Application Fee: Demand draft of Rs. 100/- (Rupees One hundred only) for UR categories and Rs. 50/- (Rupees Fifty only) for reserved categories (SC & ST only) issued from any nationalized bank in favour of "DHFWS BHD (MISC)" and payable at Bishnupur. Name of the applicant & Name of the post must be written in back side of Demand Draft. Demand Draft is subject to non refundable. Application without the Demand draft will be rejected.

Annexure: Application Form.

[Signature] 07/12/2018
07/10/2018

CMOH & Member Secretary

District Health & Family Welfare Samiti

Bishnupur Health District Bishnupur Bankura

[Signature]
Member Secretary

District Level Selection Committee

District Health and Family Welfare Samiti

Bishnupur Health District, Bankura.

APPLICATION FORM

To
The CMOH & Member Secretary
District Health Family Welfare Samiti
Office of the CMOH, Bishnupur Health District,
PO-Bishnupur, Dist.-Bankura, Pin-722122.



Affix recent passport
size photograph duly
self attested

1. Post applied for :
2. Serial No. of Post :
3. Name (In capital letter) :
4. Father's / Husband Name :
5. Address for communication : C/O.....
Vill/ Town/ Road: Post Office:
- P.S Dist Pin
6. Date of Birth(DD/MM/YYYY):
7. Age as on date of Advertisement:
8. Sex : Male / Female /Others (Please tick)
9. Marital Status: Married /Unmarried (For married female candidate Marriage
Registration Certificate is required to be attached)
10. Nationality:
11. Voter ID no/ Aadhaar no:
12. E-mail id
13. Mobile No (if any):
14. Category: (please ✓ in box)

UR	SC	ST	OBC-A	OBC-B	Others

15. Education Qualification:

Sl. No.	Exam Passed	Board / Institution / University	Year of Passing	Total Marks	Marks obtained	Percentage (%)
1						
2						
3						
4						
5						
6						

16. Professional /Technical/Computer Knowledge:

Sl. No.	Name of Course	Name of institute/Board/University	Year of passing	Duration of Course	Subject	Full Marks	Marks Obtained	% of Marks/ Grade
1								
2								
3								
4								

Jm

17. Experience: Yes/No (if yes, filled the details)

Name of the Post	Name of the Organization	Govt/ Private	duration		Total Experience (in months)
			From	To	

Check List:

Sl. No.	Documents (self attested Xerox copy)	Name of the authentic document	Documents Submitted (Yes/No)
1	Age Proof		
2	Residential proof		
3	Caste Certificate		
4	Secondary passed along with mark sheet		
5	HS passed along with mark sheet		
6	Graduation passed along with mark sheet		
7	Post Graduation passed along with mark sheet		
8	Mark Sheet, Certificate in computer /technical / professional knowledge		
9	Experience certificate		
10	Others (if any)		

DECLARATION:- I hereby solemnly declare that the particulars furnished above are materially true, correct and complete to the best of my knowledge. In case of any discrepancy my candidature is liable to be summarily rejected by the Selection Committee without any notice.

Date:

Place:

(Full signature of Applicant)



[Handwritten signature]