GOVERNMENT OF WEST BENGAL

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

No.DHFWS/HOW/483

NOTICE

Date: 03.03.2022

Walk-in Interview will be conducted for the following positions on contractual basis in the District of Howrah under different National Health Programmes:

Post No.	Name of the post	ne of the post Place of posting No		Eligibility	Consolidated Remuneration per month
01	Medical Officer (NUHM)	Any U-PHC Under HMC & Bally Municipality	08 (ST-01, SC-02, OBC-A- 01, UR-04)	 MBBS from a MCI recognized Institute with 1 year compulsory internship. Must be registered under West Bengal Medical Council Permanent resident of West Bengal. Age: 62 yrs or less as on 01.01.2022 	Rs.60,000/-
02	General Duty Medical Officer (NRHM)	Any upgraded BPHC/PHC (delivery point) in Howrah	02 (SC-1 & UR-1)	• MBBS recognized by MCI • Age: 62 yrs or less as on 01.01.2022	Rs.60,000/-
03	Medical Officer (HCP)	Uluberia SDH TCU	01 (UR)	 Essential Qualification MBBS recognized by MCI Desirable: DCH / Experience in working with Thalassaemia patient Age: 62yrs or less as on 01.01.2022 	Rs.60,000/-
04	Staff Nurse (NUHM)	Any U-PHC Under Howrah Municipal Corporation, Bally Municipality & Uluberia Municipality	Total-35 HMC-23 (ST-01, SC-06, OBC-A-02, OBC-B-2, UR-12) Bally M - 6 (ST-01, SC-01, OBC-A-01, UR-03) Uluberia M - 6 (ST-01, SC-03, OBC-B-1, UR-01)	Essential Qualification Completed GNM course recognized by Indian Nursing Council (INC) Age: 64 years or less as on 01.01.2022. Reciprocal Registration Certificate from WBNC	Rs. 25,000/-
05	Staff Nurse (HCP)	Uluberia SDH TCU	02 (SC-1 & UR-1)	Essential Qualification: - Completed GNM course recognized by Indian Nursing Council (INC) Desirable Qualification: Experience in working with Thalassaemia patients and their families. Age: 40 yrs or less as on 01.01.2022 • Reciprocal Registration Certificate from WBNC	Rs. 25,000/-
06	Accountant	District AYUSH Cell	01 (UR)	 Eligibility Retired Govt. Employee Age – 60 yrs to 65 yrs as on 01.01.2022. 	Rs. 12, 000/- or last pay minus pension Whichever is less. Under the pay-head accounts "2210-04-101- 001-V-02"

Post No.	Name of the post	Place of posting	No. of Post	Eligibility	Consolidated Remuneration per month
07	GDA	District AYUSH Cell	01 (UR)	• Retired Govt. Employee • Age – 60 yrs to 65 yrs as on 01.01.2022.	Rs. 8, 000/- or last pay minus pension. Whichever is less. Under the pay-head accounts "2210-04-101-001-V-02"
08	Senior Tuberculosis laboratory supervisor (STLS) under NTEP	Any Tuberculosis Unit of Howrah District	01 (SC)	Essential Qualification 1) Graduate 2) Diploma in Medical Laboratory Technology (DMLT) recognized by the West Bengal State Medical Faculty. 3) Permanent two wheeler driving license & should be able to drive two wheeler 4) Certificate course in computer operations (minimum two months) 5) At least 50% marks in all requisite qualification Preferential Qualification1)Minimum one year experience in NTEP/RNTCP Desirable Criteria Residents of Howrah shall be preferred Age: 22 to 40 years as on 01.01.2022 with age relaxation as per Govt. norms.	Rs. 25,000/-

Desiring candidates may attend the walk-in interview on 11th March 2022 (Friday) at 10:00AM along-with the specific filled-in application format at the DRS Hall (1st Floor) Bungalow Office Campus 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** and **Self-attested photocopied** documents for appearing in the walk-in interview:

- Proof of identity (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 (Madhyamik or equivalent examination certificate/Admit Card)
- All requisite marksheets and pass certificates starting from Secondary onwards
- Registration Certificate under West Bengal Medical Council& Medical Council of India (for Medical Officer)
- Registration Certificate under West Bengal Nursing Council (for Staff Nurse)
- Permanent two-wheeler driving license (for Senior Tuberculosis laboratory supervisor)
- PPO in case of retired employee.
- 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.

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						passport	nt Colour size self graph
1. Name:							
2. Father's / Mother's	/ Husband's Name :						
3. a. Date of Birth (D b. Age as on 01.01	D/MM/YYYY) : 1.2022 : Yrs	Months	4. Dist	trict of Domicile:		5. Sex (M/F/C)):
6. a. Address for Con	nmunication:			7. Caste (SC /ST /OBC-A /OBC-B /Unreserved):			
b. Permanent Address:				8. Present Telephone No :			
9. Email Address:				10. Mobile No.:			
11. Education: please	e list all qualifications						
Degree	University / Board etc.	Year of pa	ssing	Full Marks	Marks obtained	% of Marks	Division / Class & Chance
							H
				No.			

12. Employment Record	i:						
(Total years of post-qua	lification experience) :						
40 D 1 1 1 1 5 1							
	ent: (Use separate sheets it	required). order all the employments you	have had				
13 A. Current Employs		order air the employments you	nave nau.				
Name of Employer:							
From Month / Year	To Month / Year		Designation				
Location of Employment:							
Description of your du	uties:						
13 B. Previous Employ Name of Employer:	yment:						
From To Month / Year Month / Year			Designation				
Location of Employment:							
Description of your du	uties:						
13 C. Previous Employ Name of Employ							
From Month / Year	To Month / Year		Designation				
Location of Employment:							
Description of your d	uties:						
b. Whether Regist	ar internship done (Yes / N ered under West Bengal N		Registration Number :				
15. For the post of : Sta							
a. Whether Regist	a. Whether Registered under West Bengal Medical Council (Yes / No)? Registration Number :						
b. Whether Permanent Resident of West Bengal (Yes / No)?							
16. For the post of : Sen	ior Tuberculosis laborato	ory supervisor –					
Permanent two	o-wheeler driving license	e No					
		Declaration					
of my knowledge and b	elief. If any information fu didature for contractual re	rnished or any part of it is for	material records and are true to the best und to be incorrect, then I do believe and applied for is liable to be cancelled without				
Place : Date :			Signature of the Applicant				