# Government of West Bengal Office of the Chief Medical Officer of Health 5 D. L. Roy Road, Krishnanagar, Nadia

Telephone: (03472) 252306 Email ID: cmoh\_nad@wbhealth.gov.in/ cmohnadia@gmail.com

Memo No. CMOH-Nad/6536

Dated. Krishnanagar the

#### **Recruitment Notice**

A walk-in interview will be held for the post of MEDICAL OFFICER - UHWC (15) & FRU GDMO (1) at office of the Chief Medical Officer of Health, Nadia & Secretary, District Health & Family Welfare Samity, 5, D. L. Roy Road, PO-Krishnagar, District- Nadia, Pin- 741101 on 19.12.2024 from 10.30.am. The engagement will be utilized only at  $UHWC\ of\ Municipality\ \&\ Block\ level\ purely\ contractual\ on\ monthly\ remuneration\ basis\ i.e.\ Rs. 60,000/- The\ service\ will\ be a substitute of\ Municipality\ Block\ level\ purely\ contractual\ on\ monthly\ remuneration\ basis\ i.e.\ Rs. 60,000/- The\ service\ will\ be a substitute of\ Municipality\ Block\ level\ purely\ contractual\ on\ monthly\ remuneration\ basis\ i.e.\ Rs. 60,000/- The\ service\ will\ be a substitute of\ Municipality\ Block\ level\ purely\ contractual\ on\ monthly\ remuneration\ basis\ i.e.\ Rs. 60,000/- The\ service\ will\ be a substitute\ basis\ bas$ be terminated as and when it is found not require/unsatisfactory.

| Name of the Post/Designation               | Number<br>of<br>Vacancies | Essential Qualification   | Remuneration                   |        |
|--|---------------------------|---|--------------------------------|--------|
| MEDICAL OFFICER - UHWC (15) & FRU GDMO (1) | UR- 16                    | Maximum 62 years (as on 1st Jan 2024), MBBS from MCI recognised Institute with 1-year compulsory Internship. Must be recognised under WBMC. Weightage will be given for higher qualification. | Rs.60,000.00<br>(Consolidated) | /Month |

# **General Instruction:**

- Birth Certificate/Admit Card or Certificate of Madhyamik or equivalent examination mentioning date of Birth.
- Compulsory Mark sheet & Certificates of Secondary, Higher Secondary, Graduation & MBBS.
- Experience Certificate clearly mentioning days, months & years of Experience as on 01.01.2024 in relevant post
- Photocopy of all supportive documents should be clearly visible self-attested.
- The applicant must be a permanent resident of west Bengal
- Candidates not full filling the above-mentioned criteria may be liable to cancellation of their candidature.

# **APPLICATION FORMAT**

Paste one recent colour photograph

| App | lication for the Post of "     |    | ·····     | •••••         |             |          | (          |    |
|-----|--------------------------------|----|-----------|---------------|-------------|----------|------------|----|
| App | lication against Advertisement | No |           | Date          | e           | •••••    |            |    |
| 1.  | Name of the Applicant          | :  |           |               |             |          |            |    |
| 2.  | Guardian's Name                | :  |           |               |             |          |            |    |
| 3.  | Permanent Address              | :  | Vill :    |               |             |          |            |    |
|     |                                | :  | Post :    |               |             |          |            |    |
|     |                                | :  | P.S. :    |               |             |          |            |    |
|     |                                | :  | Dist. :   |               |             |          |            |    |
|     |                                | :  | Pin :     |               |             |          |            |    |
| 4.  | Date of Birth                  | :  |           | (Year)        |             | .(Month) | (Day)      | )  |
| 5.  | Upper age limit as on          | :  |           | (Year)        |             | .(Month) | (Day)      | )  |
| 6.  | Sex                            | :  | Male / Fe | male          |             |          |            |    |
| 7.  | Caste Status                   |    | General / | SC / ST / OBC | C-A / OBC-B |          |            |    |
| 8.  | Mobile Number                  | :  |           |               |             |          |            |    |
| 9.  | Email ID                       | :  |           |               |             |          |            |    |
|     |                                |    |           |               |             |          |            |    |
| 10. | Qualification                  |    |           |               |             |          |            |    |
|     |                                |    |           |               |             |          |            |    |
| Sl. | Educational Qualification      |    |           | Year of       | Total       | Marks    | Additional | 0/ |

| Sl.<br>No. | Educational Qualification                             | Year of<br>Passing | Total<br>Marks | Marks<br>Obtained | Additional<br>Marks | % of Marks |
|------------|---|--------------------|----------------|-------------------|---------------------|------------|
| A          | Secondary   |                    |                |                   |                     |            |
| В          | Higher Secondary                                      |                    |                |                   |                     |            |
| С          | Graduation (BA/B. Sc/B. Com/BCA)                      |                    |                |                   |                     |            |
| D          | Post-Graduation                                       |                    |                |                   |                     |            |
| Е          | MBBS/Dental/ AYUSH/ Nursing                           |                    |                |                   |                     |            |
|            | Т   | echnical Qualif    | ication        |                   |                     |            |
| F          | Computer Degree / Diploma                             |                    |                |                   |                     |            |
| G          | Diploma in Medical Laboratory Technician (DMLT)/ BLMT |                    |                |                   |                     |            |
| Н          | H Other if any  |                    |                |                   |                     |            |

#### NB: Serial No. 1 to 12 are mandatory, & fill up only in Capital Letter

#### **Declaration:**

I do hereby declare that particulars furnished above are correct to the best of my knowledge. I must produce all relevant documents (Original or Photocopies attested by the self-attestation only), whenever needed by the Authority. In case, in any time, if any of the above information / particulars are found to be incorrect, my candidature will be liable to cancel by the Authority and I shall be penalized for such action.

### Attachment (Please ✓)

- 01. Birth Certificate/Admit Card or Certificate.
- 02. Caste Certificate.
- 03. Certificate of Exempted Category.
- 04. Certificate of Disability.
- 05. Mark sheet & Certificates of Secondary.
- 06. Mark sheet & Certificates of Higher Secondary
- 07. Mark sheet & Certificates of Graduation
- 08. Mark sheet & Certificates of Post-Graduation
- 09. Mark sheet & Certificates of Technical knowledge
- 10. Mark sheet & Certificates of MBBS
- 11. Experience Certificate.
- 12. Demand Draft.
- 13. Driving Licence.

| Date  | : 2 | Signature of Candidate |
|-------|-----|------------------------|
| Place |     |                        |