

GOVERNMENT OF WEST BENGAL
OFFICE OF THE CHIEF MEDICAL OFFICER OF HEALTH
Kalyanpur Satellite Township Beside CWC Office, Asansol-713305
Paschim Bardhaman

Phone No 0341-2970016

Mail Address: cmoh.asnsl@gmail.com

Memo No:- DH & FWS/ASL/1152

Dated: 26.12.2018

Recruitment Notice

Application are invited for engagement on contractual basis of **01 (One)** (ST-1) Tuberculosis Health Visitor (TBHV) for TUs under RNTCP of Paschim Bardhaman.

Designation	Vacant Posts	Essential qualification / Requirement	Preferential Qualification	Remuneration	Age limit
Tuberculosis Health Visitor (TBHV) (3 rd Call)	Total 01 (One) (ST-1)	1. Graduate OR 2. Intermediate (10 + 2) and experience of working as MPW/LHV/ANM/ Health worker /Certificate or higher course in Health Education/ Counseling OR 3. Tuberculosis health visitor's Recognized course 4. Certificate course in Computer operations (minimum two months)	1. Training course for MPW or recognized Sanitary inspector's course	Rs. 13560/-	22-62 years as on 01/01/2018 (Relaxation as per Govt. norms)

Applicants should have at least 50% marks in all requisite qualification.

The initial contract period will be up to 31-Mar-2019 and it may be renewed for further period depending on need and performance of the candidates. The applicants should be preferred if residence of Paschim Bardhaman. Desiring candidates may walk-in with attached prescribed format only along with attested (self) photocopies of all testimonials including proof of age, mark sheet & educational certificates of all examination passed (Educational & Computer Applications), working experience certificates (with appointment letter) on the health or health related activities, voter photo ID card/ration card/Adhar Card for proof of residence, SC/ST/OBC-A/B/PH certificate from competent authority and one passport size photograph duly signed by the candidate. Also bring all the Original Documents which attached at the time of walk-in for verification at the Office of the Office of The District Tuberculosis (old CMOH Office Building), Dhakin Dhadka PHC Building Campus, Kalla Bypass crossing, Beside NH2, Domohani Road, Asansol-713340, Paschim Bardhaman. Walk-in Interview date 09 Jan 2019.

Candidates will be short listed based on the marks obtained in academic qualification and experience. For application format and further details contact CMOH Office, Paschim Bardhaman/ DTO Office, Paschim Bardhaman or visit www.bardhaman.nic.in or www.wbhealth.gov.in. A panel will be prepared for posting in future vacancy if any within next one year.


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

Government of West Bengal
Office of the Chief Medical Officer of Health
District Health & Family Welfare Samity
Asansol HD (Paschim Bardhaman)

APPLICATION FORM

To
 The CMOH. & Secretary,
 DH&FWS, Asansol HD
 Paschim Bardhaman



(To be filled in by the candidate in BLOCK LETTER)

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 (date of Advertisement):.....
6. Caste & Categories: General/SC/ST/OBC-A/OBC-B/PH (please tick)
7. Address for communication:
 C/O:
 Vill/Town/Road:
 P.O.: P.S.
 District:..... PIN:
8. Contact Number:.....
9. Driving license No. (if applicable):.....
10. E-mail ID:.....
11. Academic Qualification:

Sl. No.	Exam passed	Board/ Institution/ University	Year of Passing	Marks Obtained	Total Marks	% of Marks
1						
2						
3						
4						
5						

12. Professional/Technical/Computer knowledge:

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

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

Designation	Name of the 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)