



**GOVERNMENT OF WEST BENGAL**  
**DISTRICT HEALTH AND FAMILY WELFARE SAMITI**  
**NATIONAL HEALTH MISSION**  
**OFFICE OF THE CHIEF MEDICAL OFFICER OF HEALTH**  
**BANKURA**

Phone No. : 03244-258234

Email : cmoh.bankura@gmail.com

No. 5513

Dated.- 03/12/18

**NOTICE for WALK IN INTERVIEW**

Walk in Interview is invited from eligible candidates for engagement for the following posts purely on contractual basis in the different programme in Bankura District.

**Venue:-CMOH Office ,Bankura.**

**Date & Time:- 18/12/2018 at 11:00 a.m.**

**The eligible candidates should read the general conditions before appearing the interview..**

SI No	Name of the Post	Eligibility Criteria	No of Post	Consolidated Remuneration/ Month
1	Medical Officer (NHM)	1. MBBS Degree from MCI recognizes institution with one year complete internship. Must be registered under WBMC, 2. Age Limit-63 Years.	11	40000/-
2	Medical Officer for SNCU (NHM)-	1. MBBS Degree from MCI recognizes institution with one year complete internship. Must be registered under WBMC Desirable-DCH 2. Age Limit-63 Years.	3	40000/-
3	Medical Officer ( Mental Health)	1. MD/DPM in psychiatry or MBBS with four months training in psychiatry 2. Age limit-40 Years.	1	50000/-, / 40000/-
4	Medical Officer ( Thalassaemia )	1. MBBS Degree from MCI recognizes institution with one year complete internship. Must be registered under WBMC Desirable-DCH / Experience in working with thalassaemia patients. 2. Age Limit-63 Years.	1	40000/-
5	Medical Officer ( FI-ART )	1. MBBS Degree from MCI recognizes institution with one year complete internship. Must be registered under WBMC and trained by NACO. 2. Age Limit-60 Years.	1	36000/-
6	Medical Officer ( AH )	1. MBBS Degree from MCI recognizes institution with one year complete internship. Must be registered under WBMC, 2. Age Limit-63 Years.	1	40000/-

**General Condition:-**

- Essential qualification in respect of the post is the minimum.
- **All original relevant documents and one set photo copy of all relevant documents with one copy passport size photograph should be present at the time of 'Walk in interview'.**
- Appointment / joining letter will not be treated as Experience Certificate.
- The list of eligible candidates list etc, will be published time to time as per decision of the District Level Selection Committee in the website [www.wbhealth.gov.in](http://www.wbhealth.gov.in) / [www.bankura.gov.in](http://www.bankura.gov.in) only. No other mode of communication with the candidate shall be made.
- No TA/DA will be paid to the candidates.
- Selection committee reserves the right to add / alter /reject any criteria or terms and conditions regarding selection process
- Selected candidate/s may be placed anywhere under Bankura Districts.
- The decision of the Selection Committee regarding the recruitment is final.

*DM*  
*03/17/18*

*DM*  
**Member Secretary & CMOH  
District Level Selection Committee  
District Health & Family Welfare Samiti  
Bankura**

**Application for Walk in Interview (Ref. No.- \_\_\_\_\_ Date- \_\_\_\_\_ )**

APPLICATION FOR THE POST OF .....

Space for recent passport size photograph

To  
The CMOH & Member Secretary,  
District Health & Family Welfare Samiti,  
Bankura.

01. FULL NAME (In Block Letters) :.....

02. FATHER'S / HUSBAND'S NAME:.....

03. ADDRESS (a) Permanent: - .....

.....

(b) Present: - .....

04. DATE OF BIRTH (Attach self attested copy of appropriate certificate) \_\_\_\_/\_\_\_\_/\_\_\_\_

05. Age as on (Date of Advertisement) \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days.

06. EDUCATIONAL & PROFESSIONAL QUALIFICATION (Attach self attested copy of appropriate) :

Exam Passed	Certificate Board / University	Year of Passing	% of Marks

07. SEX :.....08. Category:..... 09. Nationality:.....

10. E-MAIL ADDRESS :

11. MOBILE NO. :

12. EXPERIENCE (Attach copy of relevant Certificate) :

Organization / Govt. Sector	Designation/ Post Held	From (Date)	To (Date)	Total Experience in Months

I hereby declare that all statements made in this application are true, complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect at any stage my candidature is liable to be cancelled.

Date:.....

.....

(Signature of the Candidate)