

GOVERNMENT OF WEST BENGAL
Office of the Chief Medical Officer of Health &
District Health & Family Welfare Samiti, Purulia
(Zilla Swasthya Bhavan, Ranchi Road, Puurlia) e-mail:
cmoh_pur@rediffmail.com :::: cmohpur@gmail.com
Tele Fax No: 03252-222553

Memo No: 573

Dated: 30.9.2020

Applications are invited for engagement (on contractual basis) of 2 Nutritionists (Female) for engagement on contractual basis for NRC in Purulia District.

Name of the Post	Upper age limit	No. of Post	Essential Qualification	Remuneration
Nutritionist (Female)	Minimum 21 yrs & Maximum 40 Yrs as on 30.09.2020	02 (Two) (UR)	B. Sc. Or M. Sc. in Food and Nutrition or Equivalent course with Computer knowledge. The candidates should be able to Read, Write & Speak in Bengali	Rs. 20,000/- Per Month (Consolidated)

Age is relaxable as per extant rule and order in this regards.

Desiring candidates may send their application in the attached prescribed format only along with attested (Self) photocopies of all testimonials including age proof, mark sheets and certificates of all examinations passed (Educational & Computer Application) working experience certificates on the related field, voter photo ID card / Ration Card / Aadhar 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.

Last date of submission of application at Office of The CMOH & Secretary, DH&FWS, Ranchi Road, Purulia is 16/10/2020 through Registered Post / Speed Post / Courier. Application will not be received by hand in the Office. Envelope should be superscribed "APPLICATION FOR THE POST OF "NUTRITIONIST".

Demand Draft (DD) :- An amount of Rs. 100.00 only for UR Categories and Rs. 50.00 only for the Reserved categories through Demand Draft (DD) issued from any Nationalized Bank in favour of "District Health & Family Welfare Samity, Purulia" payable at Service Branch, Purulia must be submitted along with the application. Demand Draft (DD) is subject to non refundable.


30/09/2020
Chief Medical Officer of Health &
Secretary, DH&FWS
Purulia

Drc

APPLICATION FORMAT

To
The Secretary
District Health & Family welfare Samity &
Chief Medical Officer of Health,
Purulia

Application Number :-

Space use for office use only

Sub – Application for the post of _____

Space for pasting
recent passport size
colour photograph of
the candidate with
his/her full signature
thereon

1. Name in Full (in BLOCK Letter) - _____

2. Sex (Put a tick) :-

Male

Female

3. Father's / Mother's Name :- _____

4. Date of Birth :- _____ / _____ / _____ (DD/MM/YYYY)

5. Age (as on 30.09.2020) :- _____

6. Nationality :- _____

7. Caste (SC/ST/OBC-A/OBC-B/UR/PH) :- _____

8. Address for communication

9. Permanent Address :-

10. Contact Number – Landline (With STD Code) _____ / Mobile _____

11. Email ID _____

12. Essential Qualification :-

Qualification	Year of Passing	Subject (s)	University / Board / Institute	Total marks	Marks Obtained	Percentage of Marks Obtained

13. Preferential Qualification :-

Qualification	Year of Passing	Subject (s)	University / Board / Institute	Total marks	Marks Obtained	Percentage of Marks Obtained

14. Experience :-

Organization	Post	Govt. / Private / NGO	Duration of Work		
			From Date	To date	Total duration

15. List of Self attested Photocopies – Documents enclosed (NO other document except mentioned below is required (Put Tick Mark in the box) :-

Sl. No.	Document	Yes	No	Sl. No.	Document	Yes	No
01	One Color Passport size Photograph			02	Voter ID Card/ Aadhar card for verification of Identity		
03	Ration card/ electricity Bill for verification of residential proof			04	Mark sheets & certificates of educational qualification as per eligibility criteria		
05	Mark sheets & certificates of computer knowledge			06	Driving License		
07	Certificate of experiences duly issued by the appropriate authority			08	Caste certificate, where applicable		

N.B. :-

- 1) Application received after the closing date will not be considered.
- 2) Any attempt to unduly influence the selection process will lead to automatic disqualification of the applicant.
- 3) Only Short listed candidates will be called for interview.
- 4) The decision of the Competent Authority regarding the recruitment is final.

Declaration:

I solemnly declare that all statements made in this application are true, complete and correct. Original documents will be produced on demand. I understand that the concerned authority reserve the right to reject my candidature upon short listing of the candidates based on qualifications and experiences.

Place _____

Date _____

Signature of the Candidate in Full