

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/ 7694

Dated. Krishnanagar the 1st September 2017

Corrigendum Recruitment Notice

In a partial modification of this office earlier notice no. CMOH-Nad/5948, dated 12/07/2017, the following modification has been done in recruitment essential qualification for the post of Block Accounts Manager. All other information's and terms & condition will remain same. The candidates applied earlier for the post need not to apply further.

Applications are invited from the eligible candidates on purely contractual engagement basis as follow. The application with relevant documents must reach this office to **the Chief Medical Officer of Health, Nadia & Secretary, District Health & Family Welfare Samity, 5, D. L. Roy Road, PO- Krishnanagar, District- Nadia, Pin- 741101** as per prescribed format only along with the following self attested documents in a envelope mentioning **"Application for the Post of _____"** before 5 pm on 13/09/2017 by Registered Post/Speed Post/Courier only. Authority will not be liable for any postal delay.

Panel for all posts will be valid for next one year from the date of finalization of panel.

General instructions for application of all posts

- 1) The contract, if engaged, will be valid upto 31.03.18 and may be renewed further based on satisfactory performance.
- 2) Birth Certificate/Admit Card or Certificate of Madhyamik or equivalent examination mentioning date of Birth.
- 3) Caste Certificate issued from the concerned authority (In Case of SC/ST/OBC A/OBC B).
- 4) Compulsory Mark sheet & Certificates of Secondary, Higher Secondary, Graduation, Post Graduation & Technical knowledge from the appropriate authority.
- 5) Experience Certificate clearly mentioning days, months & years of Experience as on 01.06.2017 in relevant post only.
- 6) Demand Draft of Rs.100/- (Rupees One Hundred only) for General Category & Rs.50/- (Rupees Fifty only) for SC, ST, OBC & other reserved categories in favour of **the Secretary, District Health & Family Welfare Samity Nadia, payable at Krishnanagar, Nadia**. Use of stapler pin or stitching in case of demand draft will not be allowed.
- 7) Photocopy of all supportive documents should be clearly visible & self attested.
- 8) Age relaxation for reserved candidates will be applicable as per Government norms. **Calculation of age should be as on 01/06/2017.**
- 9) Envelop should be superscripted with "Application for the post of"
- 10) One envelop must not contain more than one application.
- 11) No TA & DA will be admissible for attending recruitment process.
- 12) Application received after due date & time will not be considered.
- 13) All communication will be available only at www.swasthyakathanadia.org and/or www.nadia.nic.in and/or www.wbhealth.gov.in time to time.
- 14) Candidates not full filling the above mentioned criteria may be liable to cancellation of their candidature.


CMOH & Secretary
DH & FWS, Nadia

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Details of Posts

1. Name of the Post

Number of vacancy

Essential Qualification

Technical knowledge

Upper age limit

Remuneration

: Block Account Manager

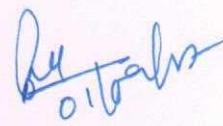
: 01 (SC)

:Minimum bachelor degree (in Commerce from any recognized / reputed university with advance knowledge of Computer – specially in MS=Word, excel, power point, internet browsing & accounting software e.g. Tally.

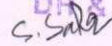
:Working skill in LAN environment.

: 40 years

: Rs. 16,860/- (Monthly Consolidated)



CMOH & Secretary
DH & FWS, Nadia



APPLICATION FORMAT

Paste one
recent colour
photograph

Application for the Post of “

Application against Advertisement No..... Date.....

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 / Female
7. Caste Status : General / SC / ST / OBC-A / OBC-B
8. Mobile Number :
9. Email ID :
10. Qualification :

| Sl. No. | Educational Qualification | Year of Passing | Total Marks | Marks Obtained | Additional Marks | % of Marks |
|--------------------------------|--|-----------------|-------------|----------------|------------------|------------|
| A | Secondary | | | | | |
| B | Higher Secondary | | | | | |
| C | Graduation (BA/B. Sc/B. Com/BCA) | | | | | |
| D | Post-Graduation | | | | | |
| E | MBBS/Dental/ AYUSH/ Nursing | | | | | |
| Technical Qualification | | | | | | |
| F | Computer Degree / Diploma | | | | | |
| G | Diploma in Medical Laboratory Technician (DMLT)/ BLMT | | | | | |
| H | Other if any | | | | | |

11. Draft Number : Issuing Bank Name:
Draft Amount : Date of Issue:
- 12 Year of Experience: (No. of Years) In Govt. / PSU & Pvt. :
- 13 Having Driving License (Yes/No) Date of Issue :
License No : Type of License :

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 :
Place :

Signature of Candidate