



**GOVERNMENT OF WEST BENGAL**  
**Office of the Chief Medical Officer of Health**  
**District Health & Family Welfare Samiti, Jalpaiguri**  
(District Health Administrative Building, 1<sup>st</sup> Floor, Hospital Road, Jalpaiguri)  
Telephone No: 03561-225380

Memo No. CMOH\_JAL/WLK/DHFWS/ 782 /2019

Dated, Jalpaiguri 16.09.2019

Recruitment notice on contractual basis

Walk in interview

District Health & Family Welfare Samiti, Jalpaiguri is going to organize a **Walk-In-Interview** on **26th September 2019 at 10:00 A.M.** in the office of **CMOH & Secretary, DH&FW Samiti, Jalpaiguri.** CMOH Office, 1<sup>st</sup> floor District Health & Administrative building, Hospital Para, Jalpaiguri-735101 for the following vacant post:

| Sl. No | Name of the Post | No. of Post | Qualification   | Age as on 01-01-19 | Remuneration (Consolidated) |
|--------|------------------|-------------|---|--------------------|-----------------------------|
| 3.     | GDMO (NHM)       | 5 (UR)      | <ul style="list-style-type: none"><li>• MBBS from a MCI recognised institute with one (01) year compulsory internship.</li><li>• Must be registered under West Bengal Medical Council.</li><li>• Weightage will be given for higher Qualification</li></ul> | Max. 63 Yrs.       | 40,000/- (Per Month)        |

**Venue of Interview:** Office of the CMOH & Secretary, DH&FW Samiti, Jalpaiguri. CMOH Office, 1<sup>st</sup> floor District Health & Administrative, Building, Hospital Para, Jalpaiguri-735101

**Date of interview:** 26-09-2019

**Reporting Tim:** 10:00 AM

**Selection Procedure:**

| Sl. No. | Name of the posts | Process  |
|---------|-------------------|--|
| 1.      | GDMO (NHM)        | Screening & Scoring on Qualification (60 marks) experience (30 marks) and Interview (10 marks) |

**N.B: Vacancy may likely to be changed or increased on the date of advertisement.**

**\*\* Documents Required:**

- Application with application fee (non refundable) of Rs 100/- (Rs. 50/- for reserved categories) by **Demand Draft in favour** of "CMOH & Secretary DH&FW Samiti, Jalpaiguri" payable at **Jalpaiguri** should be submitted in prescribed format before the selection committee on the date of walk in-interview.
- Admit Card of Madhyamik Examination
- Mark Sheet MP or equivalent and HS or equivalent
- All Mark Sheets ( Semester/Year wise) Bachelor Degree and Master Degree (as per post criteria)
- Registration Certificate for MBBS
- Caste certificate (as applicable).
- Experience Certificate (Experience certificates must consist of Name of the post, Employee's Name, Date of Joining (DOJ) and Date of Leaving (DOL) otherwise experience certificates will be treated as invalid).
- Age relaxation for SC/ST/OBC-(A&B) candidates as per Govt. norms.
- Photo copy of Voter card /Aadhaar card / other address proof.
- No TA/DA will be paid to the candidates for the selection test / interview.
- Self attested recent 2 copies passport size photo to be pasted one in application form another copy of passport size photograph at the time of interview
- Self attested photocopy of all required documents as per post criteria.
- **Registration time 10:00 A.M. to 11:00 P.M. The candidates who will appear after 11:00 P.M. should not be eligible for registration.**
- Demand draft as stated in the advertisement should be submitted with application format at the time of registration.
- **Any omission/suppression of information shall lead to rejection of application or candidature at any stage of the process without further intimation. The conditions so prescribed shall not be relaxed.**



Chief Medical Officer of Health  
Jalpaiguri





14. Experience (**Attested/ Self Attested copy must be submitted with the Application**):

| SI No | Name of the Organization/Institute/Employer | Government / Private | Permanent/ Contractual/ Part Time | Date of Joining | Date of leaving | Total Experience                           |
|-------|---|----------------------|-----------------------------------|-----------------|-----------------|--|
|       |   |                      |                                   |                 |                 | ..... Years<br>..... Months<br>..... Years |
|       |   |                      |                                   |                 |                 | ..... Years<br>..... Months<br>..... Years |
|       |   |                      |                                   |                 |                 | ..... Years<br>..... Months<br>..... Years |
|       |   |                      |                                   |                 |                 | ..... Years<br>..... Months<br>..... Years |
|       |   |                      |                                   |                 |                 | ..... Years<br>..... Months<br>..... Years |

**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 belief. If any information furnished or any part of it is found to be incorrect my candidature is liable to be cancelled.

**Place:**

**Date:**

\_\_\_\_\_  
**Signature of the Applicant**